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Via email only

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Dear Cabinet Secretary,

Health and Sport Committee – Supply and Demand for Medicines Inquiry

Thank you for coming to give evidence to the Committee on 10 March 2020. The Committee appreciated your time and the information you provided.

The Committee had several issues which it wished to pursue further with you.

Data and information technology

A key theme to emerge throughout the inquiry (and the inquiry into primary care) was the need to improve data collection and use of technology throughout the NHS in Scotland to deliver better outcomes for patients. This was mentioned in relation to a variety of issues but was generally seen as a way of controlling expenditure, improving prescribing, increasing efficiency and reducing waste. The Committee was keen to explore how this is being managed across the NHS, including through the development of a new health and social care digital platform. Audit Scotland suggested in its overview report of the NHS in 2019 such a platform would require "collaboration between the Scottish Government, NHS boards and local government, and governance arrangements are being established to monitor progress."

Rose Marie Parr told the Committee health information and data collection on outcomes was where the Scottish Government "want to be" and had previously told the Committee "We can quite easily track the amount of drugs that are prescribed and who they are prescribed to on an individual patient basis. However, we do not have as good ways of tracking data in hospital and secondary care. We need to get prescribing decisions that are based on good data and good evidence and, in the

longer term, we also need to think about outcomes or health gain in relation to those medicines."

The Committee requests detail of:

- **An update on work towards developing a new health and social care digital platform and the timescales for delivery including the dates for any trials and tests?**
- **The extent to which the proposed digital platform will address any of the issues raised around prescribing and dispensing?**
- **What consideration is being given to providing community pharmacists and other health professionals access to patient records in the meantime?**
- **What specific plans the Scottish Government has to routinely record patient outcomes in both primary and secondary care settings from medicine interventions, and details of the plans in place for the practical use of this data?**
- **Information on the project at the University of Strathclyde to examine the scalability of the Cancer Medicines Outcome Programme to other conditions, including timescales, which conditions are being considered for inclusion and progress to date?**

HEPMA

You told the Committee the majority of boards will have concluded implementation by the end of this year, with only one or two of smaller ones to complete that work into 2021. The Committee was pleasantly surprised to hear this significant progress has been made from earlier estimates[1] that comprehensive roll out of HEPMA was still 3-5 years away.

The Committee notes the establishment by the Scottish Government of the HEPMA Implementation Oversight Board and **requests further detail of the remit and timescales involved for the work of this group.**

The Committee is aware each board is developing and procuring HEPMA individually, as opposed to a national system across the country. Several written submissions received by the Committee have called on the Scottish Government to demonstrate its commitment to HEPMA and correspondence from Angela Timoney, Director of Pharmacy, NHS Lothian stated: "It should be noted that funding provided by Scottish Government does not fully fund HEPMA and each HB requires to address the gap."

[1] Letter from the Cabinet Secretary for Health and Sport on the Review of Access to New Medicines, 13 January 2020

The Committee requests details of:

- **Confirmation that HEPMA will be in place across all boards by March 2021**

- **How the "uniform standard" described in "Achieving excellence in pharmaceutical care: a strategy for Scotland" will be achieved if each health board is running individual procurement processes and developing different products?**

- **The rationale for individual procurement?**

- **The benefits and disadvantages of a national system?**

- **Whether HEPMA will be fully funded (which Rose Marie Parr hoped would mean "roll out can be done more quickly than has been the case in the past few years") and by whom, and the provision in the Scottish Budget 20-21 for IT pertaining to data collection and distribution**

- **The extent to which multiple procurement processes and funding uncertainties are contributing to delays?**

The Committee is unclear who has operational responsibility for the delivery of HEPMA across Scotland. Given the importance placed on this by witnesses including the Chief Pharmaceutical Officer, the Committee is keen to understand which body is maintaining momentum behind this endeavour. **The Committee requests confirmation of who is responsible for ensuring HEPMA is implemented to a uniform standard across Scotland, on time and on budget.**

Please also indicate who holds responsibility for ensuring the "shared learning" Rose Marie Parr referred to happens?

Licencing

On licenced medicines, Rose Marie Parr, Chief Pharmaceutical Officer, indicated each health board has a different governance system pertaining to how off-licence medicines could be prescribed. Alison Strath, Principal Pharmaceutical Officer, informed the Committee of work funded by the Scottish Government and undertaken by Healthcare Improvement Scotland to look at how existing medicines could be used in other ways, noting this was starting with cancer treatment.

The Committee would be interested to further understand this work, including the remit of the project, intended outcomes and timescales for completion.

You also suggested there was a lack of awareness of such governance and guidance on off-label prescribing among clinicians and this was something the Scottish Government may need to look at.

The Committee would welcome details of how the Scottish Government intends to approach and address awareness of governance and guidance of off-label prescribing.

You also undertook to work with the Area Drug and Therapeutic Collaborative to streamline the process of off-label prescribing and ensuring all prescribing clinicians understand the current route to prescribe off-label. **The Committee would welcome future updates on this work, as well as how the licencing system as a whole can be streamlined.**

Rose Marie Parr also said the Scottish Government could encourage pharmaceutical companies to apply for licences for new indications for existing medicines. She also suggested timescales for an application could be shortened in such instances. **The Committee is interested in the perspective that it is the Government who should be responsible for encouraging pharmaceutical companies to apply for new licences and would welcome detail of how the Scottish Government will do so and how timescales can be shortened to assist, as discussed by Rose Marie Parr.**

The Committee would also welcome your view on whether the Scottish Government could assist with the funding of new clinical trials where there was a saving to be obtained from the NHS using existing/generic medicines in new ways.

Pricing

The Committee is interested in how the NHS obtains the best possible costs for the medicines it procures for Scotland. Rose Marie Parr previously told the Committee the Scottish Government is considering how VPAS may offer new opportunities for "innovative and flexible" approaches to pricing. The Committee seeks detail of:

- **Do you think the current pricing schemes are working well?**
- **Do you support a change in the pricing model, for example based on outcomes or value, and if so how should it look?**
- **What innovative and flexible approaches to pricing through VPAS is the Scottish Government considering and what powers does it have to do this?**
- **Does the Scottish Government monitor pricing and the basis on which products are offered in different countries in the UK?**

Inequality of scrutiny

Throughout the inquiry, the Committee has heard a general theme that there is inequality in the scrutiny of medicines compared to other healthcare interventions. It has been pointed out that other interventions such as medical devices, appliances, technology and procedures do not receive the same robust level of scrutiny that medicines do.

Some felt that this increases the likelihood of medicines being funded, while others felt that it simply makes economic and clinical sense to take a more holistic approach to assessing quality and value in healthcare.

The need for more scrutiny and guidance was outlined by the Royal College of GPs who told the Committee via correspondence they had issues with prescribing products with which they were not familiar.

Rose Marie Parr said the Scottish Government continued to “press” MHRA on scrutiny of medical devices and said governance needed to keep pace with development of technology. She also said that systems of review for medicines and non medicines were being built and spoke of ambition in terms of new ways of working in GP practices with pharmacists and other prescribers.

The Committee requests detail of:

- **Do you agree there needs to be a parity of scrutiny between medicines and other healthcare products and interventions?**
- **Plans to address this issue**
- **What is your view on comments from the Royal College of GPs they may not be best placed to carry out reviews or to prescribe products with which they are not familiar?**
- **Discussions which have taken place with the MHRA on scrutiny of non-medicines and what have the outcomes been**
- **Specific plans the Scottish Government has to ensure current guidance regarding review and de-prescribing of medicines and non-medicines is adhered to**
- **What monitoring takes place of the cost savings achieved by investment in technology in terms of the medicines budgets and other areas of NHS spending**
- **The pilot in Fife on type 2 diabetes and reducing admissions into secondary care.**

Social Prescribing

The Committee has taken a close interest in social prescribing, following our inquiry into the topic at the end of last year. Both you and Rose Marie Parr spoke of a mind set of a “pill for every ill” and said this culture needed to change.

You mentioned the pharmacotherapy service and “evidence” arising from this which showed people may feel more able to be honest with the pharmacist about the benefits gained from taking medicines than the original prescriber. The Committee has heard mixed evidence as to what is done with the information informally gathered by pharmacists in this way and is pleased to hear this is making its way back to the Scottish Government.

Alpana Mair, Head of Effective Prescribing and Therapeutics, told the Committee of 7 recommended steps required of prescribers during medicines reviews, including asking “what they would do rather than take a tablet”. The Committee heard from GPs that limited consultation time reduces their ability to consider social prescribing and consider the realistic medicine agenda. The Committee is concerned by the gap between Scottish Government expectation and what is taking place in surgeries.

You told the Committee: “We need to consider how we can make people aware of all the options, and what more we can do to encourage our prescribers—pharmacists or

GPs—to look at the evidence and find out what is possible in their community for their patient cohort." The Committee heard GPs continue to be reluctant to prescribe social activities as they do not consider they have the evidence base to compare such interventions with pharmaceutical interventions. You suggested work was required to persuade prescribers to look at existing evidence and agreed technology would help link prescribers with detail of local initiatives. You further suggested a "national drive" to support local initiatives was needed.

The Committee requests detail of:

- **The measures the Scottish Government proposes to take to change the culture and perception of the public that a medical prescription is expected following consultations**

- **The process for gathering information from patients via pharmacists or other health care workers with whom they may be more "honest" in sharing information on the benefits gained from medicines, including outcomes and whether they have taken medicines. The Committee would welcome detail of this evaluation process and sight of any reports which have been produced as a result of this data gathering**

- **How the Scottish Government is monitoring and evaluating practitioner adoption of realistic medicine including the outcomes arising**

- **How awareness amongst GPs and other prescribers is being measured and how they are utilising existing health improvement evidence of the benefits of specific activities**

- **Work being undertaken with GPs to ensure their awareness of local initiatives**

Community Pharmacy Contract

The Committee welcomed the update on the changes to the community pharmacy contract this year, including how this will shift from a culture of reimbursement to one of remuneration. The Committee is also aware of the plans to launch the Pharmacy First service in April, although we have heard evidence from several witnesses on the lack of awareness of the existing minor ailment service.

The Committee requests detail of how the Scottish Government intends to monitor and evaluate the operation of the new community pharmacy contract and the Pharmacy First service. It would be helpful to understand the extent of any proposed evaluation and whether it includes uptake, savings in both time and budget for GPs, patient outcomes, numbers of patients treated and consulted.

The Committee would appreciate information on whether, based on evaluation for this year, there are plans to modify the pharmacy contract to create other incentives designed to drive better pharmaceutical care.

The Committee also requests details of any planned promotion and communications strategies for the Pharmacy First service to ensure high levels of public awareness. We also seek detail of the expected benefits from extending eligibility on demand and cost.

Skills and training for Pharmacists

The Committee understands there are challenges relating to the pharmacy workforce and skills available, and recognises additional funding which has been made available to address parts of this. Rose Marie Parr noted staff could be deployed in other ways and different uses could be made of the skills of technicians and administrative staff to relieve the pressure on pharmacists. She said there was a need to be flexible and this would be a new way of working.

The Committee requests detail of precisely how the Scottish Government intends to ensure the pharmacy service in Scotland has the staffing resource required with the correct mix of skills and that these are being put to best use at all levels of seniority within the workforce. The Committee further requests detail of exactly what the flexibility the Chief Pharmaceutical Officer noted means in practice and how this will be achieved.

Single National Formulary

Alison Strath, Principal Pharmaceutical Officer, told the Committee testing was currently being carried out in NHS Lothian on a digital platform developed to accommodate a single national formulary.

How will this platform be integrated with HEPMA in all NHS boards? The Committee also requests detail of how you intend to maintain flexibility within a national system for local needs and, in the face of opposition to a national formulary, how you will ensure adherence by prescribers.

The Committee also requests confirmation of:

- **When a single national formulary is anticipated to be put in place**
- **How this will interact with local formularies**
- **How can best practice across individual formularies be shared**
- **How will information about the medicines spending of each health board be recorded and published and how will it be used to improve value across the country**

Waste

You indicated you were looking to implement policy across all health boards for circumstances where patients are admitted to hospital with their own medications and the use of those would be risk assessed, rather than disposing of the existing drugs and providing new ones.

The Committee would welcome further details of this policy, including engagement with boards in the development of the policy and the timescales for implementation across all board areas.

The Committee also requests details of what is being done to improve understanding of where waste is occurring and why.

Deprescribing/disinvestment

Over the course of the inquiry, the Committee has heard about the need to 'de-prescribe' or 'disinvest' in medicines which may no longer be appropriate due to inadequate clinical or cost effectiveness. However, we have also heard how there are no set processes for deciding which drugs should no longer be prescribed.

The main examples of this included; patients maintained on medicines where there is evidence of more cost-effective alternatives, homoeopathy and herbal remedies and older medicines which have not been reviewed in the same way as new medicines.

Healthcare Improvement Scotland wrote in their submission:

> "In the medicines arena, much of the focus is on the investment in new treatments but there may be a role for the identification of areas for disinvestment to free up resources for use in treatments that deliver more value. (Healthcare Improvement Scotland)."

It was perceived to be particularly difficult to change prescribing in patients who had been on medicines for a long time.

The Committee would welcome your view on whether there a role for HIS to routinely consider disinvestment in older medicines and other treatments accepted for use.

PACS

The written submissions to the Committee spoke of the robustness of the Scottish Medicines Consortium and its appraisal processes. However some felt that, beyond the SMC, this robust scrutiny was eroded somewhat by political interference, patient preference and expectation, as well as the centralisation of some processes.

PACS tiers 1 and 2[2] were highlighted as an area of concern for Area Drug and Therapeutic Committees and the Directors of Pharmacy, with a feeling that they impose decisions on NHS boards without considering cost or affordability for a board.

You previously updated the Committee on progress of the review of PACS recommended by the Montgomery Review and in January 2020 said:

[2] PACS 1 and 2 refer to the different parts of the Peer Approved Clinical System which considers individual applications for medicines not approved by the SMC. It operates outwith the SMC.

> “The twelve month review took place from June to September 2019. The Scottish Government is currently reviewing responses with a view to publishing conclusions and next steps in early 2020, which will include a recommendation on the continuation of PACS Tier One for ultra-orphan medicines. To date there has been one case referred to the National Review Panel under the new PACS Tier Two system so it is challenging to draw any meaningful conclusions about its effectiveness, although the small number of cases referred does suggest that the Government’s core objective of the PACS Tier Two system, to provide greater consistency across the country, is being achieved.”

The Committee requests your opinion on the view the PACS system can undermine NHS boards and impose decisions without considering cost or affordability. We also request a further update on the review of PACS will be published.

On behalf of the Committee, I request a response to this correspondence at your earliest convenience and the Committee would welcome an early indication of when it can expect a response. This is required for us to finalise our report on our inquiry in the coming weeks and I look forward to hearing from you.

Yours sincerely

Lewis Macdonald
Convener, Health and Sport Committee