



Health Department

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Dear Colleague

**A STRENGTHENED ROLE FOR THE SCOTTISH  
MEDICINES CONSORTIUM (SMC)**

1. This letter explains the arrangements being put in place to strengthen the role of the Scottish Medicines Consortium (SMC) and to establish a new process to ensure the national implementation of innovative new drugs.

**Background**

2. The NHS Chairs meeting on 28 March discussed how best to achieve control and consistency in the introduction of new drugs across NHS Scotland and agreed that a framework was necessary to implement SMC recommendations. It was decided to set-up a small short-life working group to consider this. The main points agreed by the Group were that:

- The NHS executive cohort on SMC should have a national role of ensuring NHSScotland was alerted at an early stage to drugs being proposed for introduction with a high financial cost impact;
- All NHS Boards should have a drugs implementation protocol; and
- All protocols should include a target time scale for implementation.

3. Discussions with representatives of the SMC and its NHS executive members have now taken place and the following arrangements have been agreed to strengthen the role of SMC.

**25<sup>th</sup> November 2003**

**Addresses**

For action

NHS Chief Executives

For information

NHS Chairs  
Directors of Finance  
Medical Directors  
ADTCS

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## **Revised arrangements**

### Remit of SMC

4. The remit of SMC will continue to be

*“to provide advice to NHS Boards and their Area Drug and Therapeutics Committees (ADTCs) across Scotland about the status of all newly licensed medicines, all formulations of existing medicines and any major new indications for established products. This advice will be made available as soon as practical after the launch of the product involved.”*

### Categorisation of new drugs

5. Drugs to be reviewed by SMC will be placed into one of the following categories:

- (i) Unique drugs for specific conditions which, if approved by SMC, will be introduced into NHSScotland to an agreed national programme.

And

- (ii) Drugs for conditions where alternative drug treatments already exist which, if approved by SMC, the implementation of which will be subject to local NHS Board decision.

### Forward Planning

6. A new forward programme of drugs to be reviewed by SMC will be introduced so that decisions about the implementation of high impact, high cost drugs can be made, if possible, before publication of the SMC advice.

7. SMC has agreed to develop a horizon scanning system to identify at as early a stage as possible its likely future workload - ideally 12 months in advance. This “forward look” is already beginning to allow SMC officers to give early warning of innovative new drugs which are the first treatment of their type.

### NHS Board executive members of SMC

8. The NHS Board executive members of SMC will be increased to ensure that two Chief Executives and two Directors of Finance are able to attend each SMC meeting.

### National Implementation Planning

9. Unique category drugs recommended by SMC must be made available uniformly across Scotland. The executive cohort on SMC will agree a national implementation plan for these products. Normally, these drugs will be provided to meet clinical need within 3 months of publication of the SMC advice. However, this implementation period may be varied due to restrictions in the SMC advice, for example, where there is a requirement to establish an audit. All NHS Boards will be required to follow the national implementation plan for these drugs.

### High Impact/High Cost Drugs

10. Experience suggests that each year the “unique category” of drugs will include one or two innovative new drugs which offer a major clinical impact, but at a high cost. The new SMC “forward look” will allow identification of these drugs at as early a stage as possible. The SMC executive cohort, working with the Chief Executives’ Group, will develop a draft national implementation plan for each of these drugs - wherever possible, in advance of their formal SMC consideration.

### Drugs for conditions where alternative drug treatment already exists

11. Local NHS Boards will agree the implementation plan for drugs where alternative drug treatment already exists.

### Local Action

12. Each NHS Board should develop an implementation protocol to ensure that drugs or treatments recommended by the SMC will be made available to meet clinical need within 3 months of the publication of that advice or within the timeframe specified in any national implementation plan for that drug or treatment.

13. Boards must ensure that unique drugs already approved by SMC are available uniformly.

### Financial Implications

14. NHS Boards will be required to fund the cost of SMC recommendations from within their general revenue allocations.

### **Enquiries**

15. Enquiries about this letter should be addressed in the first instance to Hector MacKenzie on 0131 244 2468.

Yours sincerely.

**TREVOR JONES**