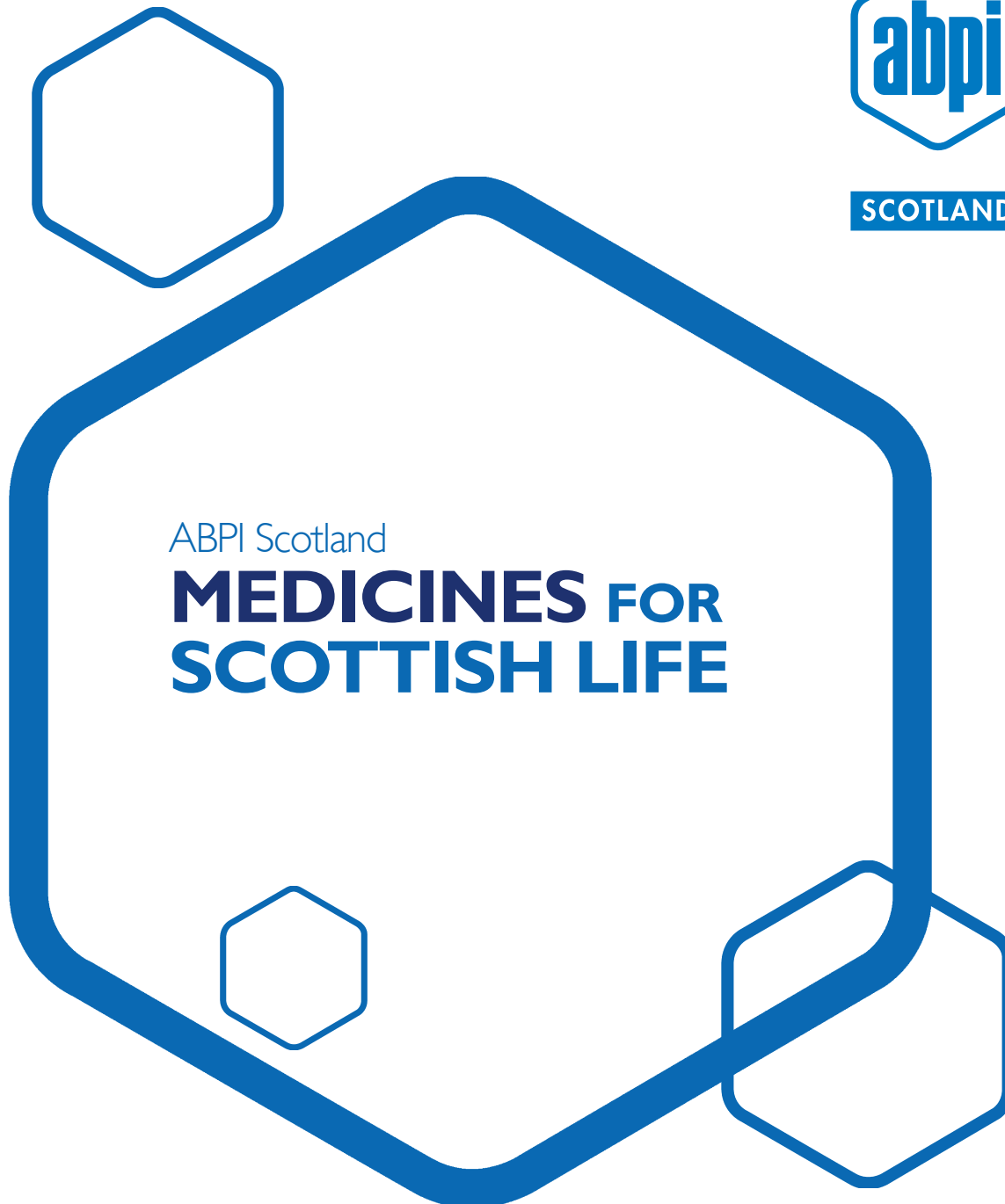




SCOTLAND



ABPI Scotland
**MEDICINES FOR
SCOTTISH LIFE**

For further information, contact

Sandra Auld

ABPI Scotland Operations Director on

07850 312430

sauld@abpi.org.uk

References are available for all information in this paper.
Contact **Fiona Grierson** fgrierson@abpi.org.uk

MEDICINES

Facts

- Health outcomes in Scotland are improving. Cancer survival, for instance – which is heavily dependent on oncology medicines – has improved by 18 per cent for men and 15 per cent for women between 1983 and 2007.
- The Scottish Medicines Consortium continues to be positively recognised across the globe for its systems to determine cost effectiveness of new medicines for the NHS in Scotland. Medicines accepted by SMC for use in Scotland have been evaluated as cost effective.
- The medicines industry and NHS Scotland have worked together to deliver a national system of Patient Access Scheme evaluation that allows the NHS to introduce some specialist new medicines for patients sooner.
- There is currently no separate assessment system to permit access to highly specialist medicines for very rare “ultra orphan” diseases, unlike in England.
- The cost of staff in the NHS in Scotland has increased by an average 6.3 per cent since 2005 – where the cost of all branded medicines has fallen.
- The UK has the lowest medicines prices in Europe thanks to a series of reductions negotiated with the industry, due to cuts of 7 per cent (2005), then 3.9 per cent (2009) and then 1.9 per cent (2010).
- Medicines wastage costs NHS Greater Glasgow and Clyde £24 million a year (2009).

Going Forward

1. Examine ways to ensure that the UK Government’s Cancer Drugs Fund does not create inequity for patients in Scotland.
2. Create an NHS that adopts innovation. Health services that adopt newer medicines demonstrate better outcomes for patients. As the NHS comes under pressure to cut spending, understand that people who get the right medicines sooner can get better faster, reducing the money spent on emergency admissions, social care costs and lost productivity for Scotland.
3. Ensure the momentum created following publication of the CEL 17 guidance to the NHS on bringing new medicines to patients in Scotland is maintained – and progress closely monitored – so that no patient is denied the medicine their clinician wants for them.
4. Consider using, copying or matching England’s approach to permitting access to highly specialist medicines for people with very rare “ultra orphan” conditions.
5. Address Scotland’s poorer performance against other European countries on access to new medicines.
6. The medicines budget comes under more scrutiny than any other aspect of NHS spending. In the current spending climate, extend these benefits of health economic evaluation to much more of what the NHS purchases.
7. Continue to ensure that the SMC process continues to be properly resourced.

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LIFE SCIENCES

Facts

- The human medicines and vaccines-related sector is worth £1.3 billion a year to Scotland and creates and supports over 11,000 jobs.
- Medicines development accounts for over a third of all R&D carried out in Scotland. Research and Development of Medicines normally takes over 12 years with only a one in five chance of a potential new medicine making it through its rigorous evaluation and trials process.
- Clinical trials represent an important source of inward investment. There is also a growing recognition of the evidence that in places where clinical research is taking place, all patients enjoy better outcomes because of the concentration of skills and knowledge.
- A Scottish patient is less likely to receive a new medicine – even if it was discovered in Scotland – than his or her counterpart in the USA, Spain, France, Denmark, Australia, Switzerland or Canada.
- Scotland is losing out because there are no incentives to allow medicines discovered or developed in Scotland priority access to patients in Scotland. The CHI patient identification system offers unique research opportunities.
- Medicines companies have a significant track record in collaborating with clinicians universities and communities to support better service delivery and improve education and understanding about health amongst Scots.

Going Forward

1. Place NHS Scotland at the heart of innovation by making access to innovation a key performance indicator for NHS Board Chief Executives.
2. Continue to encourage further collaboration between the NHS, patients and the medicines industry, championing initiatives that are already supporting clinicians and improving outcomes for patients, and achieving the true competitive potential of the CHI system to track patient outcomes.
3. Use existing and any future taxation powers to try to keep Scottish-developed innovations in Scotland throughout their life cycle and to make Scotland truly competitive for inward investors.
4. Listen to the industry and understand that innovation will deliver creative solutions that deliver more for patients from less healthcare spending.
5. Advance the infrastructure for clinical trials in Scotland because they offer a win win for patients, researchers and the economy. On the back of the success of initiatives to reduce the approval times for trials, take steps to address the low number of eligible patients enrolled in trials.
6. Deliver incentives to bring late stage clinical trials to Scotland – such as reducing overhead costs and improving recruitment of patients to trials – to address the strong competition from other European countries.
7. Recognise that the medicines industry is not just a supplier – it has the skills and reach to be a central partner in the NHS and has a track record in reducing costs and increasing efficiency in its own operations and in its contracts with the NHS. Insist that all relationships between industry, the NHS, clinicians, academics and charities are actively transparent.

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