Michelle Conway
@CRD CONSULTING

WHY MEDICINES MATTER

Written and prepared for Genetic Alliance UK, May 2022
Michelle Conway, CRD Consulting Ltd policy Expert to Genetic Alliance UK
Available https;//www.crdconsulting.co.uk & https://geneticalliance.org.uk/gauk-news/news/why-medicines-matter/

GENETIC ALLIANCE UK

FORWARD

Access to effective, often life transforming or life saving treatments for people living with a rare condition form a significant part of the approach to providing good care. In a climate where 5% of known rare diseases have a licensed treatment, it is essential that these treatments are available and accessible to clinicians as part of the holistic care package they provide to people living with a rare condition.

The Scottish Government has embraced the call from the rare conditions community to provide greater access to these innovative treatments. Over the past decade policies and processes have been implemented to address the frequent challenge of the gap between the data requirements of regulatory bodies such as the European Medicines Agency (EMA) and the Medicines Healthcare Regulatory Agency (MHRA), and the requirements of the Scottish Medicines Consortium (SMC) who are responsible for ensuring Scotland provides the best value to the whole population within a finite resource.

However, people living with a rare condition are often left frustrated when their clinician is unaware or unable to access the newest innovation that has the potential to change the course of their disease. Despite changes implemented in 2016, resulting in an overhaul of the SMC processes for reviewing medicines for rare conditions, recent statistics suggest that only 47% of the 47 medicines approved by the EMA between 2016 and 2019 were routinely reimbursed in Scotland on the 1st January 2021. This is in comparison to England where 72% of these medicines were reimbursed.

"Why Medicines Matter" provides a useful insight into the challenges and experiences of all stakeholders involved in ensuring medicines for rare conditions are accessible in a timely fashion. One thing that has been clear throughout the project is the positive intent that exists to improve care for people living with rare conditions even when it is challenging to do so.

With that in mind, it is hoped that these recommendations will set the tone for future conversation amongst key stakeholders, as Scotland develops its Action Plan in response to the UK Rare Diseases Framework. This tone needs to be one of collaboration and engagement and a plan that recognises the challenges all stakeholders face in bringing access to medicines for rare conditions and seeks solutions that deliver improved access for those who need it the most- people in Scotland living with a rare condition.

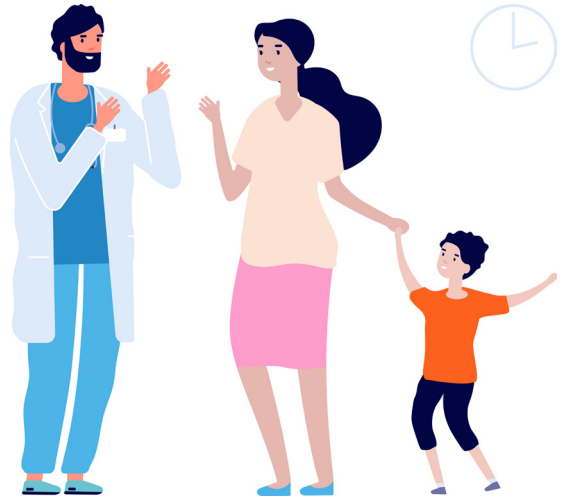
EXECUTIVE SUMMARY

People living with a rare condition in Scotland, have often faced an uphill struggle in accessing life-saving and life-transforming medicines. However, the Scottish Government must be commended for their open and engaging approach to addressing many of the issues surrounding access to medicines over the past ten years.

Their acceptance of all 28 recommendations within the report published by Dr Brian Montgomery in December 2016, led to significant shifts in the process of HTA appraisal in Scotland and how medicines for rare conditions are accessed through NHS Scotland. These changes have been welcomed by stakeholders across the rare conditions community, with the acknowledgment that much can be done to make further improvements. This is reinforced by data published in 2019 that suggested only 38% of orphan medicines, defined in regulation as a medicine used to treat <5 in 10,000 of the population, were routinely available to Scottish patients.

The conversation with policymakers has been re-ignited with the launch of the UK Rare Diseases Framework published in January 2021, This framework has highlighted four key priority areas, which Governments across the four nations must address as they develop their action plans. The focus of Priority 4 is to improve access to specialist care, treatment and drugs and the Scottish Action Plan must strive to further enhance the positive outcomes delivered by the Scottish Medicines Consortium (SMC) and Health Boards over recent years.

This report has been developed for Genetic Alliance UK by CRD Consulting Ltd (acting as an expert policy volunteer on the project), to understand how the Rare Disease Implementation Board and the Scottish Government can improve access to specialist care, treatment and drugs. To answer this question, we engaged with stakeholders from across the rare conditions community in Scotland to identify the areas that were important to them. When considering how the Scottish Rare Disease Action Plan can deliver against priority 4 of the UK Rare Diseases Framework.



RECOMMENDATIONS

Theme	Recommendation
Key recommendations	1. The Scottish Government's Rare Disease Implementation Board should: • Form a Short Life Working Group to consider how access to medicines for rare conditions can be improved in Scotland. • Ensure that the findings of this report are reflected and addressed in Scotland's Rare Disease Action Plan.
Progress since the 2016 Montgomery Review	2. The Scottish Government should conduct an impact assessment and produce a report which describes the impact of changes that have occurred since the Montgomery Review. This report should include: • Data on how many orphan and ultra-orphan medicines have been assessed by SMC and have been made available since 2016. • Details of how many Individual Patient Treatment Requests (IPTR) and Peer Approved Clinical System (PACS) requests for orphan and ultra-orphan medicines have been made, and the outcome of decision making. This information should be presented as a breakdown by NHS Scotland health board to understand equity of access across Scotland. 3. A Scotland-wide approach to the Individual Patient Treatment Request (IPTR) and Peer Approved Clinical System (PACS), including standardised processes and templates, should be implemented.
Interim acceptance decision routes	4. SMC should consider the extension of the interim acceptance decision option to a wider range of medicines. 5. Clear and transparent guidance on the requirements for data collection for medicines approved through the interim acceptance decision option should be published. This guidance should address how support organisations can be involved in the process and include guidance on support available to assist clinicians.

RECOMMENDATIONS (continued)

Theme	Recommendation
Ultra-orphan pathway criteria	6. A review should be undertaken to determine whether the criteria used for the ultra-orphan pathway are proportionate.
Rare conditions expertise at Scottish Medicines Consortium	7. Consideration should be given to developing a compulsory short training session on rare conditions to be delivered as part of the induction for new members of SMC. 8. Widen the SMC Committee membership to include at least two standing members with expertise in rare conditions.
System preparedness	9. Scottish Government should ensure genomic policy developments facilitate access to high cost, one off treatments such as cell and gene therapies. 10. Consideration must be given as to how system readiness can be ensured at the point of a new treatment's approval. Diagnostic pathways, including screening and companion diagnostics, service development and delivery pathways, all need significant planning to be available at launch. 11. The SMC's appraisal process should reflect and consider a medicine's impact beyond clinical and cost effectiveness, for example, impact on mental well-being. 12. An assessment of SMC's capacity and workforce should be undertaken to identify resources required to ensure SMC can keep pace with developments in rare condition medicines. If necessary, funding for SMC should be increased.

RECOMMENDATIONS (continued)

Theme	Recommendation
Pricing and infrastructure	13. Establish dedicated infrastructure to support commercial negotiations with NHS Scotland and pharmaceutical companies. 14. Engage academia to conduct research and understand the views of the Scottish public on funding high cost medicines for rare conditions.
Enhancing the role of the clinician	15. Further engagement is required with clinicians to understand their needs with respect to information, resources and support to manage the care of people with rare conditions. 16. Improve access to information and resources on rare conditions, medicines and clinical trials within NHS Scotland to aid the clinicians in their care of rare conditions. A central hub of signposting information relating to rare conditions, including details of managed clinical networks, in Scotland should be developed. 17. Consideration should be given to establishing formal mechanisms for industry to support training for clinicians on new innovative therapies, particularly cell and gene therapies.
Enhancing the role of people living with rare conditions and the organisations that support them	18. Consideration should be given to creating a funding infrastructure to ease the time and financial burden on organisations supporting people living with rare conditions. 19. Undertake a funding review of the Patient Involvement Team and ensure sufficient funding and resource is available for the team to continue to sustain and expand the support offered to support organisations.

RECOMMENDATIONS (continued)

Theme	Recommendation
Pricing and infrastructure	20. Consideration should be given to undertaking and publishing research on the impact and weighting of PACE statements on decision making at SMC. 21. Consideration should be given to reviewing the scope of the PACE to determine whether further information and evidence not captured by the QALY could be used to help resolve uncertainties in the evidence base. 22. The PACE statement should be published in full alongside the published decision on the SMC website. 23. Guidance on the steps taken by SMC to identify appropriate clinical expertise to participate in PACE and SMC meetings should be made publicly available. This should include information on how organisations that support people with rare conditions can nominate clinical experts to take part.
The role of industry	24. Mechanisms should be put in place to facilitate early engagement between SMC, organisations supporting people and industry to ensure data collected during clinical trials is representative of the priorities of people living with rare conditions. 25. Companies must ensure that they make a submission to the SMC as early as possible and that they give the best price on their first submission.

DEFINING THE PROBLEM

Governments are faced with the conundrum of balancing the needs of the rare condition community who want access to new and innovative medicines and society as a whole who demand the efficient use of scarce resources (Drummond & Towse, 2014).

The appraisal of medicines for rare conditions are known to cause challenges for Health Technology Assessment (HTA) bodies. Access to available treatments is considered a core element of providing high quality care for rare conditions and evidence suggests in countries where Health Technology Assessment (HTA) informs decision making, access to orphan medicines is more challenging (Annemans, et al., 2017; Drummond & Towse, 2014; Nicod, et al., 2019).

Medicines for rare conditions are associated with higher levels of uncertainty in their outcomes, higher prices, higher levels of innovation and value than medicines for more common conditions, making it more difficult for those involved in the HTA process to make positive recommendations on their reimbursement.

One recent study has suggested the value of human life in the current COVID-19 pandemic is equivalent to £750,000 per quality adjusted life year (QALY) (Layard, 2020). This is a figure which far outreaches the implicit threshold of £30,000 per QALY applied by the SMC in the appraisal of orphan medicines (Nicod, et al., 2019). These thresholds and the decision-making processes which they support have been deemed by many in the rare disease community as too restrictive, creating barriers to access (Deticek, et al. 2018; Gammie, et al. 2015; Weerasooriya, 2019).

Many governments have responded to these challenges, adapting policies to create a more equitable approach to the appraisal of orphan medicines (Nicod, et al., 2020) and the Scottish government must be praised for their attempts to address this issue. They commissioned two independent government reviews (Montgomery, 2016; Neil, 2013), both of which resulted in changes to the appraisal process applied to orphan medicines in Scotland. However, our findings align with the recommendations within the recent UK Rare Diseases Framework, which asserts the need to continue to improve access to innovation for the treatment and care of rare conditions.

FINDINGS

Genetic Alliance UK invited an expert steering committee to a virtual round-table discussion in May 2021. This expert steering committee consisted of representatives from Patient Groups, National Service Division, Health Board, Industry, Scottish Government and Clinicians. The meeting was facilitated by Triducive, a communications agency who specialise in delivering change using an Amplified Delphi Consensus Approach.

During the initial steering committee meeting, 9 themes were identified as important to this project and a series of 52 statements were generated and agreed by the steering committee. These statements were used within a survey, the findings of which were used as an initial scoping exercise. The initial scoping survey provided useful insights and was refined, taking into consideration feedback from the steering committee and respondents to the initial survey. The refined survey considered 8 themes and 41 statements and these themes formed the basis of a revised survey. This survey was recirculated through Genetic Alliance UK social media channels as well as directly to participants of the three focus groups, which were established to gain greater insights from specific stakeholder groups.

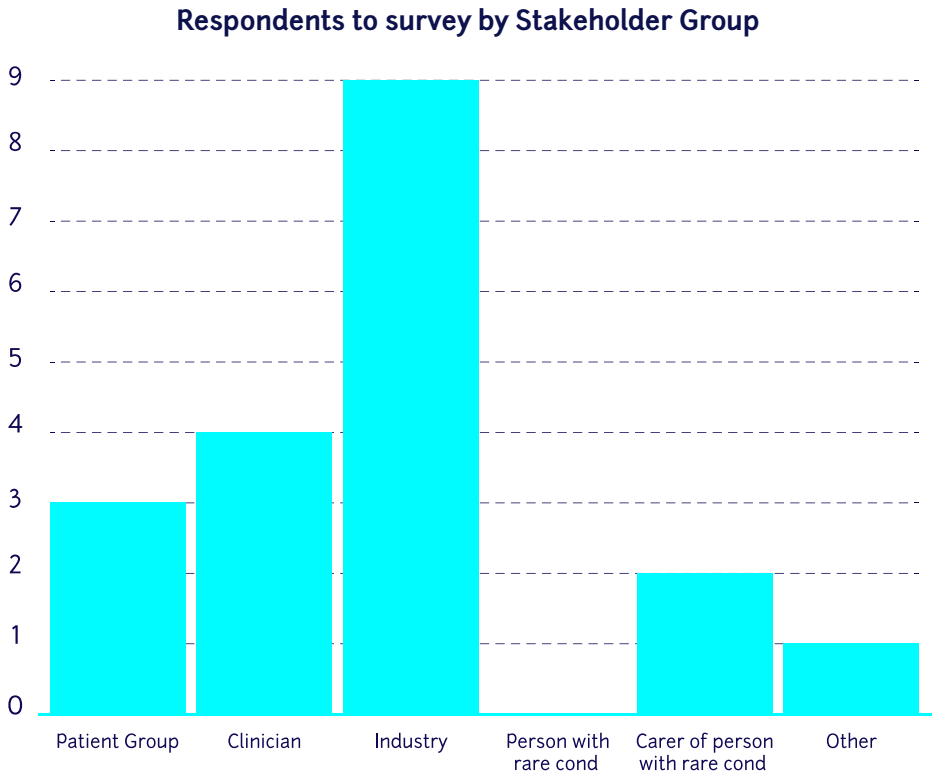
These focus groups allowed an opportunity to explore some of the issues identified within the survey responses in greater detail with the key stakeholder groups to ensure that the potential bias towards industry representation, highlighted in the survey respondents, was explored and addressed through further
discussions with all stakeholders.

FINDINGS (continued)

A majority of respondents (>72%) agree that the changes made to the SMC process since the 2016 Montgomery Review have led to improved access to medicines for rare conditions in Scotland, with a majority having direct experience of the new processes. However, half of those surveyed felt that the SMC processes still do not create sufficient flexibility for the appraisal of high cost, one off treatments and concerns were raised about the true impact of the ultra-orphan process with responses suggesting there is a need to understand if the criteria may be overly restrictive for medicines that would truly benefit from the process.

"ULTRA-ORPHAN CLASSIFICATION IS FLAWED WITH REQUIREMENTS FOR A SPECIALIST SERVICE BEING IN PLACE. VERY RARE CONDITIONS WON'T HAVE HAD THE CLOUT TO CREATE A SPECIALIST SERVICE."

(ANONYMOUS)

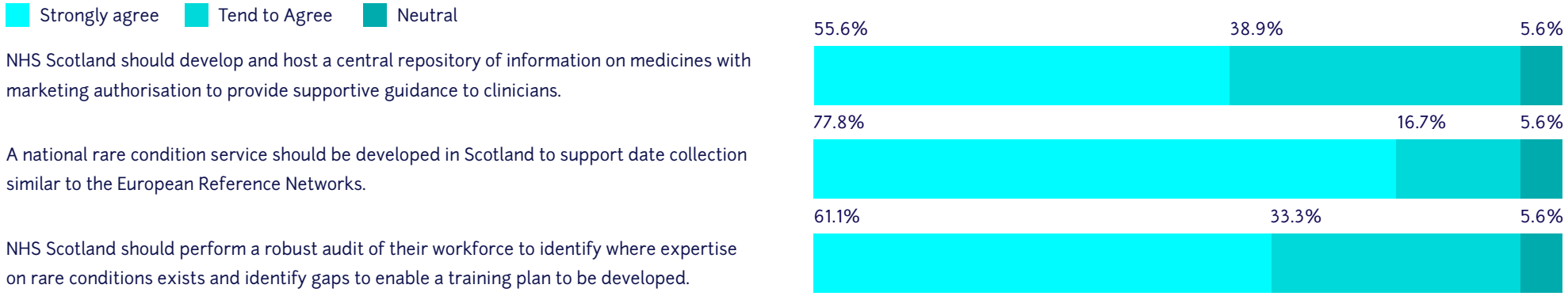


FINDINGS (continued)

The critical role of the clinician in supporting access to medicines for rare conditions became a focus within this project. This led to an in depth focus group with clinicians and the discussions during that focus group along with the responses from clinicians to the revised survey indicate there is a need to continue to engage with clinical experts in rare conditions as processes evolve. All of the clinicians who responded to the revised survey agreed that clinical expertise in rare conditions brings unique knowledge and experience in the decision making process to inform decision making in rare diseases.

All the clinicians who participated in this research agreed that the SMC Committee should include at least one clinician with expertise in rare conditions on their panel. What was also very clear from survey responses and focus groups with clinicians and patients, is the need for improved access to information and resources on rare conditions, medicines and clinical trials within NHS Scotland to aid the clinicians in their care of rare conditions. There was also strong support for the idea that NHS Scotland should perform an audit of their workforce to identify where expertise exists in rare conditions and identify gaps. This information could then form the basis for developing a training plan for the Scottish workforce.

Responses to the question of whether NHS Scotland should set up a central repository for rare diseases.



FINDINGS (continued)

Scotland
11. Scottish Medicines Consortium New Product Assessment (Standard Route)
12. Peer Approved Clinical System (PACS) (Tier 2)
13. Ultra Orphan Medicines Pathway
14. Peer Approved Clinical System (PACS) (Ultra Orphan)
15. Individual Patient Treatment Requests (for medicines where no submission has been made to SMC)

- 5 different processes are in use to provide guidance on the use of orphan medicines within NHS Scotland.
- PACS and IPTR processes may vary across 14 Health Boards.
- Only Ultra-Orphan medicines pathway are nationally funded.

The introduction of the Patient And Clinician Engagement (PACE) process to support the appraisal of orphan medicines in Scotland was praised by all stakeholders, however the impact of the PACE statement on the final recommendation is not always clear and transparent. During the focus groups, it was highlighted that the PACE meeting may have gone extremely well and the patient group and clinician left feeling that it would be a positive outcome for the medicine, only to realise that the medicine was not recommended.

All of these points create obvious implications for the potential to improve processes aimed at delivering improved access to the most innovative therapies, that are often life changing and life transforming for the people who access them. Although improvements have been made, the systems for accessing orphan medicines in Scotland remain fragmented. As policymakers review and improve access to medicines for rare conditions in line with priority 4 of the rare disease framework, we hope discussions can be informed by the multi-stakeholder views identified by this project. It is recommended that a Short Life Working Group be convened to explore the opportunities and challenges for improving access to medicines for rare conditions.

"FULL PUBLICATION OF PACE REPORT WILL HELP IMPROVE TRANSPARENCY OF SMC PROCESS AND BASIS OF DECISION MAKING."

(ANONYMOUS)

REFERENCES

Annemans, L. et al., 2017. Recommendations from the European Working Group for Value Assessment and Funding Process in Rare Diseases (ORPH-VAL). Orphanet Journal of Rare Diseases, 12(50), pp. Available: DOI 10.1186/s13023-017-0601-9
[Accessed 10 March 2022]

Drummond, M. & Towse, A., 2014. Orphan drugs policies: a suitable case for treatment. Eur J Health Econ, Volume 15, pp. 335-340 Available: DOI 10.1007/s10198-014-0560-1
[Accessed 9 March 2022]

Nicod, E. et al., 2019. HTA programme response to the challenge of dealing with orphan medicinal products: Process evaluation in selected European countries. Health Policy, Volume 123, pp. 140-151
Available: https://doi.org/10.1016/j.healthpol.2017.03.009
[Accessed 09 March 2022]

Layard, R. et al., 2020. When to release the lockdown: A well-being framework for analysing costs and benefits. CEP Occasional Papers (49), London, London School of Economics and Political Science.
Available: http://eprints.lse.ac.uk/104276/
[Accessed 10 March 2022]

Deticek, A., Locatelli, I. & Kos, M., 2018. Patient Access to Medicines for Rare Diseases in European Countries. Value in Health, Volume 21, pp. 553-560.Available: https://doi.org/10.1016/j.jval.2018.01.007
[Accessed 9 March 2022]

Gammie, T., Lu, Y. C. & Ud-Din Babar, Z., 2015. Access to Orphan Drugs: A Comprehensive Review of the Legislations, Regulations and Policies in 35 Countries. PLoS One, 10(10).
Available: https://doi.org/10.1371/journal.pone.0140002
[Accessed 10 March 2022]

Weerasooriya, S. U., 2019. Dissertations into Practice: The impact of orphan drug policies in treating rare diseases.. Health Information & Libraries Journal, Volume 36, pp. 179-184
Available: https://doi.org/10.1111/hir.12256
[Accessed 10 March 2022]

Nicod, E., Whittal, A., Drummond, M. & Facey, K., 2020. Are supplemental appraisal / reimbursement processes needed for rare disease treatments? An international comparison of country approaches. Orphanet Journal of Rare Diseases, 15(1), pp. 189
Available: DOI:1186/s13023-020-01462-0
[Accessed 10 March 2022]

Montgomery, B., 2016. Publications. [Online]
Available at: https://www.gov.scot/publications/review-access-new-medicines/pages/1/
[Accessed 10 March 2022]

Neil, A., 2013. Publications. [Online]
Available at: https://www.gov.scot/publications/new-medicines-reviews-2013/
[Accessed 10 March 2022]

THANK YOU,

FOR MORE INFORMATION PLEASE CONTACT

MICHELLE CONWAY

BSC (Hons) Nursing
michelleconway@crdconsulting.co.uk
+44 (0) 754 066 7260

Michelle Conway
@CRD CONSULTING