Why have an independent SMC when we have NICE?

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Why have an independent SMC when we have NICE?
by Adam Giangreco - Tuesday, 28 November 2023, 6:28 PM

I appreciate this is a controversial question, but I think given we're examining cost effectiveness, utility, and benefit in this course it is worth asking.

Should Scotland have a separate SMC which makes decisions on pharmaceuticals when just next door there is NICE, which has a very similar role? I appreciate there are nuanced differences in how each evaluate new medicines - but in reality I expect the vast majority of decisions are consistent between the two.

Might it be more beneficial to the Scottish people to spend the money that goes into SMC on more direct clinical care, for example in areas Scotland falls behind rUK and Europe (drug deaths being an obvious choice)?

Has anyone ever done this sort of evaluation?

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Re: Why have an independent SMC when we have NICE?
by Louise Craig - Wednesday, 29 November 2023, 4:27 PM

Great questions! Thank you. Just to confirm what sort of evaluation were you thinking of? I will get a full response back to you when back in office, hopefully tomorrow.

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Re: Why have an independent SMC when we have NICE?
by Adam Giangreco - Wednesday, 29 November 2023, 6:15 PM

It would be a hypothetical, perhaps looking to a period prior to devolution of these assessments and decisions between NHS Scotland and NHS England. The evaluation would be examining whether there were measurable differences in health outcomes amongst the Scottish population from that period versus the period in which these decision making powers were devolved. This would then be compared against the annual spend of these devolved decision making groups (HTA, SMC, etc), to objectively evaluate if they represent cost utility, cost benefit, and/or cost effectiveness.

If historical data of this nature isn't available, the evaluation could involve a comparison of how many decisions on medicines and devices were similar/identical between NICE and SMC, versus how many differ - and again comparing that degree of difference versus the annual costs of running two separate agencies, to get a sense of whether that represents best value for money from a Scottish perspective.

For the latter, as a straw man example - if the running of separate Scottish agencies costs £3m/year but decisions differ in only say 10 cases, this would be a cost of £300,000 / decision. It should then be possible to assess whether that cost was warranted from a health outcomes perspective, or whether that £3m might be better spent elsewhere, with perhaps greater cost utility, effectiveness, or benefit.

Hope that helps clarify. I'm intending to push you to consider applying as rigorous a process to the evaluation of these various panels and pathways (HTA, SMC, ANIA, SHTG,etc) as is done for the medicines and medical devices themselves. I'm not convinced that's ever been done.

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Re: Why have an independent SMC when we have NICE?
by Eleanor Grieve - Thursday, 30 November 2023, 3:23 PM

Hi Adam

I love your line of questioning and thinking, you are asking really important questions and thinking it through very sensibly. Not sure if I'm addressing quite what you are asking as you are thinking of the value of having separate agencies for devolved nations. It may well be that this is more a political argument than value for money.

However, FYI a few years ago the Bill and Melinda Gates Foundation asked very much the same sort of questions you are asking to a group of eminent health economists who were making the case for the Foundation to invest $millions in 'HTA' processes / 'better decision-making' in lower resource countries. The Foundation very generously donated but they (quite rightly) wanted to know what the impact of HTA has been in those countries where HTA has been institutionalised. Long story short, this ended up being my PhD! Not remotely suggesting you read that but links below to an evaluation of the Indian HTA agency where we applied the methodology we developed. We use the terminology of "return of investment" as this is the quantitative type of impact evaluation we were asked for – making the business case I guess for investing in HTA agencies at the systems level.

Would welcome your critical thoughts on this as great to see these questions being asked.

India HTA: https://www.cgdev.org/sites/default/files/estimating-return-investment-health-technology-assessment-india-htain.pdf

HTAi Global Forum debate this year – ie this question is still very much topical and trying to be answered! "*while health technology assessment (HTA) programs are often directed at answering questions of "value for money", they are under increasing pressure to demonstrate that they are a cost-effective use of finite resources themselves":* https://htai.org/wp-content/uploads/2023/04/FINAL-2023-GPF-Background-paper.pdf

Thesis: https://theses.gla.ac.uk/81864/

Best

Eleanor

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Re: Why have an independent SMC when we have NICE?
by Adam Giangreco - Monday, 4 December 2023, 4:44 PM

Thanks Eleanor, this is very interesting. Will certainly have a look - great that India is considering this self-reflection - although of course at present GDP and other factors are quite different there vs UK and Scotland.

In many ways, my questions were inspired by a separate health technology and innovation network with which I work more closely in my own role. Specifically, I'm referring to the 15 English Academic Health Science Networks (AHSNs, link here https://thehealthinnovationnetwork.co.uk/), each of which is of sufficient size to enable rapid design, development, and implementation of novel healthcare product and service-based innovations. What they do not do at AHSN level is supercede national evaluation and assessment of new medicines or other health technologies. This is because this would simply be too costly to resource, and 5 million people is not economically powerful enough to entice big pharma and big medtech to engage directly when these products are almost certainly to be licensed and sold across rUK (as opposed to exclusively within this AHSN region).

Very similarly this is why EU countries defer to EMEA centralised licensing when drugs and devices are sold across EU, and national agencies only become involved when drugs or devices are exclusively sold within those territories (described on the German medicines authority page nicely: https://www.bfarm.de/EN/Medicinal-products/Licensing/Licensing-procedures/CP-Centralised-Procedures/_node.html).

Scotland is thus in many ways an anomaly in duplicating the review of medicines that will be additionally be provided throughout rUK.

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Re: Why have an independent SMC when we have NICE?
by Louise Craig - Friday, 1 December 2023, 6:26 AM

Hi Adam

Many thanks once again for your questions. Yes, the role of SMC and NICE and the the process of HTA between SMC and NICE is similar, however, the context in which decisions are being made is different, for example, the populations and current treatment pathways vary between the two countries. As you are aware from the lecture these are two aspects used to consider how relevant the evidence-based for a proposed new medicine is to the Scottish context. In relation to cost-effectiveness, the question - what benefits the medicine offers compared to other currently available treatments is fundamental to this assessment underlining the importance of ensuring comparator medicines reflect those used in NHSScotland not NHSEngland. Another key consideration is that NHSScotland has a different budget for healthcare than NHSEngland. SMC spends a lot of time ensuring they have appropriate representation from patients, clinicians and health boards in Scotland in their decision-making.

I am not aware of an evaluation which addresses your question - I only recall a dated study which looked at comparing NICE and SMC with primary outcome being timelines. Your hypothetical approach pose lots of interesting questions such as defining 'degree of difference'; choice of outcome – cost per (dis)similar decision; feasibility of obtaining the required data.

Thank you once again for posing some thought provoking questions and sharing all your considerations. Hope this is of some help.

Best wishes

Louise

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Re: Why have an independent SMC when we have NICE?
by Louise Craig - Thursday, 7 December 2023, 10:12 AM

Hi Adam
I had also put your question to some SMC colleagues who have now provided the following additional points to those already provided in my previous response to Question 1 -
• Health is a devolved matter and Health policy in Scotland (including the role of SMC) is set by the Scottish Government.
• Pricing arrangements for new medicines may also differ. Some of the financial, procurement, dispensing processes differ and therefore Patient Access Schemes that may be implementable in NHS England may not be implementable in NHSScotland (and vice versa).
• SMC committees include representatives of NHSScotland stakeholder groups such as those responsible for delivering services and clinicians within NHSScotland; clinical experts in NHSScotland input into the assessment process; and, patients and clinicians from Scotland contribute to PACE meetings. This helps to create ownership and confidence that the decisions are being made with Scotland in mind – decisions are being made in Scotland for Scotland.
• There would be a significant cost if NHSScotland adopted NICE decisions – this would not be 'free'.
• SMC processes have adapted in line with evaluations undertaken in Scotland (for example the Scottish Government commissioned Montgomery review).

Regarding question 2, colleagues are not aware of such an evaluation either and highlight again the point that adapting NICE decisions wouldn't not be for 'free'.

Many thanks
Louise

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