Citizen Participation and Public Petitions Committee

5th Meeting, 2023 (Session 6), Wednesday 22 March 2023

PE1884: Make whole plant cannabis oil available on the NHS or alternative funding put in place

Lodged on	19 August 2021
Petitioner	Steve Gillian
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to make whole plant cannabis oil available on the NHS, or provide funds for private access, for severely epileptic children and adults where all other NHS epileptic drugs have failed to help.
Webpage	https://petitions.parliament.scot/petitions/PE1884

Introduction

1. The Committee last considered this petition at its meeting on 28 September 2022. At that meeting, the Committee agreed to write to the Scottish Government.

2. The petition summary is included in **Annexe A** and the Official Report of the Committee's last consideration of this petition is at **Annexe B**.

3. The Committee has received a new response from the Interim Chief Pharmaceutical Officer which is set out in **Annexe C**.

4. Written submissions received prior to the Committee's last consideration can be found on the petition's webpage.

5. Further background information about this petition can be found in the SPICe briefing for this petition.

6. The Scottish Government's initial position, provided by the Chief Pharmaceutical Officer, on this petition can be found on the petition's webpage.

Action

The Committee is invited to consider what action it wishes to take.

Clerk to the Committee

Annexe A

PE1884: Make whole plant cannabis oil available on the NHS or alternative funding put in place

Petitioner

Steve Gillian

Date lodged

19 August 2021

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to make whole plant cannabis oil available on the NHS, or provide funds for private access, for severely epileptic children and adults where all other NHS epileptic drugs have failed to help.

Previous action

I have emailed my local MSP Mairi McAllan for help. I have also emailed my MP David Mundell, the Health Secretary for Health and Social Care and the First Minister for help to secure access to whole plant cannabis oil for children with severe epileptic conditions.

Background information

Whole plant cannabis oils was approved for use in the UK for medicinal purposes in 2018 but unfortunately not one person in Scotland has been able to receive a prescription for this. However, there are 3 prescriptions awarded to 3 children on the NHS in other parts of the UK.

I have been told that the Scottish Government does not intervene on individual prescription given out on the NHS or intervene on clinical decisions.

I was also advised that parents should seek advice from the clinical team in charge of their children about CBD (Cannabidiol) with THC (Tetrahydrocannabinol).

However, can I make clear that we have been told that CBD oil with THC isn’t available to the NHS to prescribe so here stands the problem. How can the NHS clinical teams make prescriptions for people when these aren’t available for them to make?

Annexe B

Extract from Official Report of last consideration of PE1884 on 28th September 2022

The Convener: PE1884, which has been lodged by Steve Gillan, calls on the Scottish Parliament to urge the Scottish Government to make whole plant cannabis oil available on the national health service, or provide funds, for private access for severely epileptic children and adults, where all other NHS epilepsy drugs have failed to help. We last considered the petition on 23 March, when we agreed that we would write to the Cabinet Secretary for Health and Social Care and the Minister for Drugs Policy. We have received two responses on the petition.

The first response indicates that NHS England remains in discussions on the establishment of two clinical trials to further the evidence base for cannabis-based products for medicinal use—CBPMs—and that patients in Scotland will be eligible to take part in such trials. However, due to the commercially sensitive nature of those discussions, there are limits on what can be shared publicly, at this stage. The response also sets out the process and timescales for licensing a new medicine.

The second response states that information is not—I suppose, self-evidently—held on the number of people who access illicit cannabis for medicinal purposes. It also highlights that programmes to allow people to self-medicate with cannabis in a controlled environment would be in breach of the Misuse of Drugs Act 1971.

My recollection is that the committee was quite sympathetic to some of the evidence that we heard on the petition and on the positions that we asked the Scottish Government to clarify. We have evidence that the trials would potentially be open to Scottish patients.

Do members have any views on how we might proceed?

David Torrance: Given that the clerk's note to the committee says that

"clinical trials will be carried out with the view to building an evidence base connected to CBPMs", that "unlicensed products are not routinely available on the NHS, with licensing being the only way to ensure safety, quality and efficacy" and that "pending results from the clinical trials, there is no further action the Committee can take at this time",

I consider that we should close the petition under rule 15.7 of standing orders. However, I would also like the committee to write to the petitioner, highlighting that trials will take place and that Scottish patients will be allowed to take part in them.

The Convener: Perhaps I could ask for advice from the clerk. We could advise the petitioner about the trials and the fact that Scottish patients will be eligible. I am told that we do not know from the response that we have received how the petitioner could seek to make himself available.

I crave the indulgence of the committee and ask that we hold the petition open one more time. I would like to see whether we could find out from the Scottish Government how someone would go about making themselves available, to establish whether they would be eligible to participate in the trials. It would be one thing for us to tell the petitioner that he could do so, but it would be more helpful for us to be able to tell him how he could so. Subject to our having that information to augment our response to the petitioner, I would be happy to close the petition at that point.

David Torrance: I am happy to agree.

The Convener: I do not know whether the petition needs to come back to us if we get that information. We could frame the response in the light of the further information that we receive

Carol Mochan: This is my first time on the committee. If we close a petition, does the petitioner have the right to come back on it? How does that work?

The Convener: They do. If the petition is closed, the petitioner can come back after a year if they feel that nothing has advanced in relation to the petition during that period of time. However, obviously, we will have a clear idea from the Government about the route that the petitioner could take, and we have a clear direction that it does not intend to take, or is unable to take, any further action at this time, as doing so would contravene a law over which it does not have particular responsibility.

Carol Mochan: Okay. So the petitioner has options.

The Convener: They can do that. I would like to give the petitioner the most informed response possible. I think that that appears on our website in due course. Anybody could see from our website what advice we receive and how people could apply. That would be helpful.

Annexe C

Interim Chief Pharmaceutical Officer submission of 17 October 2022

PE1884/G: Make whole plant cannabis oil available on the NHS or alternative funding put in place

Thank you for the letter of 30 September 2022 from the Citizen Participation and Public Petitions Committee relating to the above petition.

In the letter, the Committee seeks information about the application process for participating in the clinical trials connected to Cannabis Based Products for Medicinal use (CBPMs). As the Committee will be aware, these trials are being designed, pending the confirmation of a suitable product supply. Once a supply contract has been finalised with a manufacturer that meets the required quality standards, the study team will be able to initiate the formal trial set up process and confirm a date for patient recruitment to start. Until then, I am unable to confirm all of the patient and public communications that will be in place, when and immediately preceding, the trial is opening to recruitment.

That said, medicine policy officials have engaged with NHS England and the National Institute for Health and Care Research (NIHR) and I understand the expectation is for recruitment to primarily be through clinical discussion with potentially eligible patients facilitated by the recruiting sites that will all be NHS trusts and Health Boards in Scotland. In my discussions with clinicians in Scotland, they have indicated that they are willing to participate in these clinical trials to build the evidence base.

NHS England and the NIHR recommend individuals interested in potentially taking part in the trials mention this to the specialist clinician in charge of their care, who will be able to keep them updated once the trial set up is confirmed.