

[National Assembly for Wales](#)

[Health and Social Care Committee](#)

[Access to medical technologies in Wales](#)

Evidence from Dr Peter Groves, Consultant Cardiologist, Cardiff and Vale UHB

- MT 5

The National Assembly for Wales's Health and Social Care Committee

Inquiry into the Access to Medical Technologies in Wales

Response from Dr Peter Groves, Consultant Cardiologist, Cardiff and Vale

UHB

- 1) Professional Background – I have been a Consultant Interventional Cardiologist at Cardiff and Vale UHB since 1996 and Lead Clinician for the Structural Heart Disease Interventional Programme since 2010. I have been involved in the NICE Medical Technologies Evaluation Programme since 2006. From 2006-2009 I was the UK Cardiology representative on the Interventional Procedures Advisory Committee and from 2009 to present have been Vice-Chairman of the Medical Technologies Advisory Committee at NICE. I am therefore involved at a UK national level in the evidence-based appraisal of new technologies and also lead a clinical team that is vigilant to the arrival of new technologies which will improve the safety and efficacy of patient care in the Cardiac Department at Cardiff and Vale UHB.
- 2) The Medical Technologies Evaluation Programme at NICE publishes guidance on new medical technologies. This follows the undertaking of a detailed review of the published evidence on safety, efficacy and, in some cases, cost implications. I would suggest that NICE guidance is as much applicable to clinical practice in Wales as it is in other parts of the UK and that NICE guidance should therefore serve as a reference point for the commissioning and implementation of new medical technologies in NHS Wales. I would propose the strengthening of formal interaction between NHS Wales and NICE that provides mutual benefit to both organizations.
- 3) The current approach to the introduction of new technologies into clinical practice in NHS Wales is, in my experience, clinician driven. This requires

considerable determination and persistence on the part of clinicians and clinical teams to convince organizations and commissioners alike that a case can be made for implementation. In my opinion, a more pro-active stance should be adopted in Wales to ensure that opportunities are not lost to improve patient care and to ensure that we keep up with developments in other parts of the UK and Europe.

- 4) In my opinion, processes should be established that specifically facilitate the implementation of new technologies in NHS Wales. The adoption of a collaborative and 'open door' approach to the interaction between clinicians, senior managers and commissioners should be encouraged.
- 5) Cost implications are fundamental to any new commissioning strategy. I would propose, however, that these be considered in the perspective of the whole NHS. For example, the Medical Technologies Advisory Committee at NICE will only promote the implementation of new technologies in NHS England that are beneficial to patients and are, overall, either cost neutral or cost saving to the NHS. This requires an understanding and consideration of cost expenditure balanced against cost savings with the acceptance that these may be divorced both in temporal and budgetary terms. The outcomes require detailed and independent expert cost modelling but subsequently provide data that have cost implications to the NHS both in the short and long term. New technologies that may be beneficial to patients but are likely to be cost expending overall should, in my opinion, not be discounted by NHS Wales. Under these circumstances, a process is needed to guide organizations, commissioners and clinicians as to how such technologies may be considered and adopted.
- 6) While I think it would be wasteful of valuable resources to duplicate the work of NICE in Wales, once supportive national guidance has been published it is important, in my opinion, that an all-Wales approach to commissioning is defined and agreed that will prioritise implementation in NHS Wales in the context of acknowledged budgetary constraints.

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