Health and Social care Committee

Access to medical technologies in Wales

MT ToR 3 – Dr Martyn Read

The current appraisal processes for new medical technologies, including medical devices, diagnostic techniques and surgical procedures.

For some systems, much of the cost of introducing them is the cost of training staff to use them. Appraisal of these should assess the quality of the human/machine interface, to see how intuitively easy it is to use. Remember that eBay and Amazon are fairly complicated systems, but users don't get trained on them and this doesn't seem to be a problem. I suggest an "intuitivity score" be developed, so that rival technologies can be objectively assessed. Aside from purchase price, intuitive systems should be cheaper because they need less (or no) training on them. I do have some ideas about how this could be done, but I will wait to be asked: the concept is the important thing.

The decision-making process in NHS Wales on funding new medical technologies/treatments.

I have watched the introduction of thrombolysis for stroke and interventional thrombectomy for stroke with interest. Thrombolysis can help the patient with a stroke, but it can also harm that patient. Thrombectomy can also help the patient with a stroke (in whom thrombolysis was not possible, or it failed), but the possibility of it harming the patient is low. However it is expensive. In a resource-limited healthcare system (i.e. in any healthcare system) spending money in one place implies not spending it elsewhere. Spending money on thrombectomy reduces funding (i.e. harms patients) elsewhere in the system. Thrombolysis was introduced cautiously, with a careful assessment of benefit vs harm. Thrombectomy is being introduced with little weighing of cost and benefit, because the benefited patients and the harmed patients are in different groups. The benefited patients are easy to identify. The harmed patients are difficult to identify, but they must be out there somewhere. We could rank new treatments in terms of cast per QALY, and only choose the best-value ones. In fact we could rank all treatments the same way, but I see little evidence of this. Cardiff and Vale has a list of "Interventions Not Normally Undertaken", but it only contains 17 (rather uncontentious) interventions that are never done.

I hope you find this helpful.

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