

Health and Social care Committee

Access to medical technologies in Wales

MT ToR 19 Welsh Intensive Care Society (WICS)

I write on behalf on the Welsh Intensive Care Society (WICS). I was passed the letter on the scope consultation by the President of the Intensive Care Society as this is an issue for Wales specifically and not the UK as such.

I appreciate that at this stage you are only seeking comments on the scope of the inquiry and that it will focus purely on technologies, not drug therapies.

From the perspective of Intensive Care or Critical Care, technologies play a vital role in our daily care of the sickest patients. Intensive Care specialists attending any conference will usually be bombarded with companies wishing to promote the latest and greatest technological solutions to problems in patient care. This can range from simple devices such as vascular access devices through various point-of-care testing devices up to the all-singing, all-dancing remote controlled robots and monitors. My personal impression is that most of what is being promoted has little new to offer, but occasionally there does seem to be something worthwhile to investigate further. However, there is a constant need to match the potential benefits of introducing any new technology to the costs associated with purchase, maintenance, etc. It is therefore imperative that new technologies should

1. offer additional real clinical benefits over current ones, or
2. offer the same features as current technologies at reduced cost

There should always exist the possibility of introducing new technologies as part of research and development, whether funded by the NHS, Universities, other public agencies or some combination of these. The inquiry should address the issues associated with funding such research and development.

The issue of equity of access to new technologies for patients in Wales needs to be considered. For an example from the field of Critical Care, consider a new development in advanced respiratory care. Such a new development would likely only be feasible within one or two ICU's in Wales. If this is in the context of research, then equity of access is not an issue. However, if that technology has a reasonable track record of efficacy, then patients in other hospitals would need to have some means of accessing that technology, most likely as a result of transferring the patient. Thus a decision on a technology which will only be purchased for tertiary care use will still need to take an all-Wales view in the decision-making process. In terms of appraisal processes for new technologies, the Welsh Government has to balance the cost - benefit equation as guardian of the public purse. There are already processes in place to assess drug therapies on this basis, so it seems logical to have some similar process in place for new technologies. While it is likely that Wales will not be able to gather sufficient data on this from its own population and resources, mechanisms need to be put in place so that relevant information from other countries (not just the UK) can be gathered and made available to aid the appraisal process.

This will be a difficult task to get right! There is a real need to protect the public finances from wasting money on "white elephant" technologies while not stifling research and development.

If you require further comment or have any other issues you wish to discuss with me, please contact me on this email address.

Best wishes,

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