



## Health and Social care Committee

### Access to medical technologies in Wales

#### MT ToR 28 Betsi Cadwaladr University Health Board

## Consultation on scope of inquiry into Access to Medical Technologies

### Response Paper

**Re:** Letter from Mark Drakeford AM, Chair of Health and Social Care Committee, NAFW: dated 23<sup>rd</sup> August 2012

#### **Brief:**

The National Assembly for Wales's Health and Social Care Committee has agreed to undertake work on access to medical technologies in Wales. The Committee is eager to hear views on:

- the scope of this inquiry.
- terms of reference
- aspects of accessing medical technologies to focus on

Comments also welcome on:

- the uptake of medical technology in Wales, and the possible barriers to effective new (non-drug) treatments being more accessible to patients;
  - current appraisal processes for new medical technologies;
  - the decision-making process in NHS Wales on funding new medical technologies/treatments.
- 

### BCUHB Comments in Response

This short Response Paper is in two parts:

1. Outline issues
2. Proposals

#### **1. Outline Issues**

'Medical technologies' is a very broad concept which covers a wide range of equipment and techniques. The scope of the inquiry needs to be chosen carefully to give good value-for-effort in terms of outcomes delivered in a brisk timeframe.

Consider grouping:

- Group 1: Aids for daily living / supporting living at home / managing chronic conditions at home. Monitoring and diagnostics in primary care. This is becoming more important as we try to facilitate people staying in their own homes.
- Group 2: 'Standard' hospital equipment
- Group 3: Therapeutic techniques (eg open surgical, laparoscopic, endoscopic, therapy services)



- Group 4: 'Big ticket' hospital equipment: major imaging systems, major radiotherapy treatment systems

Access issues vary across these groupings.

**Group 1: Aids for daily living / supporting living at home / managing chronic conditions at home. Monitoring and diagnostics in primary care.**

Posture & Mobility Services, Occupational Therapy Services, Primary Healthcare, Social Care.

Issues: funding levels, funding structures, joined up multi-agency working, information systems, evidence-based services, health economics, differences in geography / population distribution, ageing population, fragmentation of society, new ways of working, reducing dependence on hospital care, keeping patients out of A&E, NICE guidance, horizon scanning etc

**Group 2: 'Standard' hospital equipment**

Hospital services: community, district general, teaching hospitals etc

Issues:

Modernisation of established equipment (eg digital interfaces, networking, wireless technologies etc). Reductions in capital funding, strategy for size, number, and specialisation of hospital sites, increased flow of equipment from hospital to home (early discharge, chronic conditions) eg dialysis, infusion devices, ventilators etc, geography / population distribution, NICE guidance, horizon scanning.

Communication technology: remote sensing, video-conferencing

Information Technology: Integrated care information systems, hardware PDAs, tablets etc

**Group 3: Therapeutic techniques (eg open surgical, laparoscopic, endoscopic, therapy services)**

Hospital services: district general, teaching hospitals etc. Minor procedures relevant to primary care and GPs with Special Interests.

Therapy services: potentially in all settings

Issues:

Governance, risk management, practitioner training, quality and safety of practice, holistic planning (impacts upstream and downstream), clinical effectiveness, NICE guidance, health economics, difficulty of disinvestment if required, achieving equity of provision. Horizon scanning

**Group 4: 'Big ticket' hospital equipment: major imaging systems, major radiotherapy treatment systems**

Issues:



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Reductions in capital funding, reductions in revenue funding, health economics, NICE guidance, extending the working week / 7 day working / sweating assets, 'law of diminishing returns' in cost of further development, difficulty of disinvestment, strategy for size, number, and specialisation of hospital sites. Horizon scanning.



## **2. Proposals**

1. Scope:  
Consider all four groups of medical technologies, and profile scope accordingly: avoid temptation to focus on Group 4 only (ie 'Big ticket' hospital equipment: major imaging systems, major radiotherapy treatment systems)
2. Review application of Health Economics (HE) to decision making processes for access to medical technologies. What HE resources are available for strategy on medical technology at (a) WG (b) Health Board level?
3. Review ways of accelerating IT modernisation – integrated care information systems, interfacing to medical technology for better ways of working. Limitations of current IT provision are seriously hampering progress with modernising care and joined-up working.
4. Barriers: Review impact of financial structures and mechanisms for on creating silos: eg difficulties where costs and benefits are across boundaries (directorates, services, organisations etc). New financial mechanisms may be needed.
5. While recognising the legislative workload of the committee it would be beneficial if the Inquiry could be completed and report swiftly.
6. Public expectations. Review process of setting targets and standards, and managing public expectations in relation to access to medical technology, the impact it may (or may not) have and how expectations are managed if they are unrealistic relating to access or perceived outcomes.
7. Review the Capital Funding process for NHS Wales: particularly the historical focus on 'fossilisation'...ie 'like-for-like replacement of what you bought before'
8. Identify efficient ways to stimulate 'critical innovation' in service...facilitating change in key areas, in a critical way that looks fully at benefit – for – effort / cost
9. Review role (model, level, quality) of R&D, Audit, and Clinical Effectiveness in improving evidence base for selecting, implementing, and developing new technologies
10. Identify ways to support 'Triple Aims'....improving patient experience, improving health of the population and reducing cost through new technologies
11. Address the North – South geography of Wales eg problem of patients from North Wales accessing super-specialist technologies and services in Cardiff.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

12. Review benefits of 'early adopter' sites for new technologies.
13. Consider 'Ex-Ex'.....Expertise Exchange eg Health Boards who have learned lessons in particular areas of technology selection and implementation offer to share their experience / expertise with other Health Boards
14. Explore win-win opportunities of R&D and Innovation interfaces with companies and Higher Education Institutions (HEIs).

#### Bibliography

Organisational and Behavioural Barriers to Medical Technology Adoption – September 2009. NHS Institute for Innovation and Improvement. (York Health Economics Consortium)

Patrick Hill  
04 Oct 2012  
Medical Physics  
BCU Health Board