

Health and Social care Committee
Access to medical technologies in Wales
MT ToR 35 MediWales



14th October 2012

FAO: Mark Drakeford AM, Chair, Health and Social Care Committee, National Assembly for Wales

Ref: Scope of the National Assembly for Wales's inquiry into 'Access to medical technologies in Wales'

Dear Mr Drakeford,

Thank you for the opportunity to submit views on the scope of the Health and Social Care Committee's work on "access to medical technology in Wales". In due course we would like to submit further details to the enquiry and supporting evidence for the views expressed in this letter.

MediWales

MediWales is the trade organisation and forum for the life science sector in Wales. Independently owned by its 140 member organisations, which include industry (around 2/3 of our membership), academic and clinical organisations, MediWales was established with support from the WDA and continues to run in collaboration with the Welsh Government Life Science Sector Team (BETS).

The Welsh Medical Technology Sector

Medical technology manufacture is the largest sub sector of the Welsh life sciences sector, which is a priority sector as expressed in Welsh Government's Economic Renewal Plan. This sector comprised over 250 companies in Wales, turns over revenue in excess of £1.3bn per year and employs over 15,000 people. The sector is also a significant component of Wales's academic and research activity, the importance of which is explained in the recent new Science Policy for Wales. Research into improved healthcare provision is also discussed in the draft strategy for the Welsh Government, National Institute for Social Care and Health Research.

The following comments have been submitted after discussions held with our board of directors and our Life Science Expert Advisory Group. Combined these two groups comprise senior representatives from a significant proportion of the leading organisations involved in medical technology development and manufacture in Wales.

Comments

- 1) There is a gap between research into medical technologies in Wales and the adoption of new technology. Research is carried out within the NHS and coordinated by NISHCR (National Institute for Social Care and Health Research) and procurement is carried out by individual health boards and the procurement body Shared Services Partnership. However the former has no direct remit to drive adoption of new technologies and the latter is largely tasked with procuring known existing technologies. The gap is in identifying and evaluating the value of new technologies.

We suggest that the scope of the enquiry includes an examination of the systems in place for identifying new medical technologies and consider any gaps in the adoption processes.

- 2) Sometimes the procurement process can block the adoption and new technologies despite an opportunity to improve patient care or reduce costs.
 - a. Overly prescriptive tenders can eliminate the opportunity for a manufacturer of a new or alternative technology to compete alongside established products and processes.
 - b. Some fixed contract periods are too long to react to technology developments. They can block timely adoption of new better products.
 - c. Contract conditions can restrict a purchaser from buying alternative products during a contract period for evaluation purposes, thus disadvantaging any new product when contracts are renewed due to a lack of evaluation data.

We suggest that the scope of the enquiry includes an examination of procurement practices and the role they can play in encouraging the adoption of the best technologies available.

- 3) Our members sell products all over the UK and abroad. They are aware of good practice in other areas that could be considered for a future Welsh model. Our members are also aware of good practice relating to some elements of technology adoption in Wales.

We suggest that the scope of the enquiry should include an examination of best practice technology assessment and adoption in Wales, the UK and abroad.

- 4) We recognise that any procedure for the assessment, evaluation, and adoption of new medical technologies will be a mix of UK activity, such as evaluations undertaken by the National Institute for Clinical Excellence (NICE) and evaluations undertaken for a purely Welsh setting.

We suggest that the scope of the enquiry should include an assessment of the best mix of UK and Welsh processes to ensure a complete process while maintaining efficiency and speed.

- 5) Access to medical technology should always be driven by a collective effort to support the very best patient care. While the drive to reduce costs is a necessity, evaluation should be driven by wider reaching health economics models that include the long-term benefits to the population and fewer clinical interventions.

We suggest that the scope of the enquiry includes an examination of the best practice in health economics as it applies to medical technology adoption.

We would also like to highlight the findings of our report on Accessing Clinical Expertise in Wales, which was submitted to the NISCHR board in 2010. The report summarises the outputs of a programme of events and working groups held with key stakeholders in the health technology sector in Wales. Findings were that medical technology development in Wales could be improved through access to clinical expertise at a number of stages. One of which was a barrier to technology adoption at the device evaluation stage due to a lack of formal process for the timely, cost effective evaluation of new technologies as they are brought to market.

Finally our Advisory group members wished to stress that there should be a genuine sense of urgency about addressing the issues raised. Delay in introducing an appropriate system for access to medical technologies in Wales carries the risk of impacting on patient care now and for some time to come.

Kind regards



Gwyn Tudor
MediWales Forum Manager