

RCGP Wales

Evidence submission to inquiry into access to medical technologies

The Royal College of General Practitioners is the largest membership organisation in the United Kingdom solely for GPs. It aims to encourage and maintain the highest standards of general medical practice and to act as the 'voice' of GPs on issues concerned with education, training, research, and clinical standards. Founded in 1952, the RCGP has over 47,000 members, 1,884 in Wales, who are committed to improving patient care, developing their own skills and promoting general practice as a discipline.

RCGP Wales welcomes the opportunity to participate further in this inquiry.

New Technologies

New technologies are having an increasing effect on the delivery of health care worldwide especially in primary health care settings. General practice in the UK was quick to adopt IT solutions. There is a strong underlying architecture to the IT systems used in practices in Wales and NWIS has been an important agency supporting the rollout, standardisation and upgrading of IT systems in Wales.

This supplementary paper concentrates on novel new technologies that are becoming available in primary care.

Increasingly, medical devices are becoming cheaper, more reliable, more portable, more durable and easier to use. The pace of technological change makes it hard to predict the type, price and availability of devices in the future.

Many practices now have devices that would have been hard to imagine in general practice a decade ago. These include low-cost defibrillators, sophisticated ECG machines, sophisticated lung function testing devices, pulse oximeters and ambulatory monitoring devices such as ambulatory 24-hour blood pressure monitors and ambulatory ECG monitors. These are in addition to point-of-care testing devices using reagent strips - blood glucose, ketones, INR.

Ultrasound is a potential application in primary care both for general examination and cardiac examination. The World Health Organisation recommends ultrasound as a primary diagnostic tool in low cost environments. So far these devices have only been used in pilot projects and by enthusiasts in the United Kingdom.

More and more devices are becoming available which can do blood tests at the point of care. Low-cost devices are now available to test for troponins and D-dimer for example. Many of these tests were previously only available in a hospital laboratory. Many current clinical algorithms do not allow

for the availability of some of these new tests and will need to be rethought in the face of rapid technological change.

Smart phones can be used increasingly for patient monitoring and data sharing but it may be too early to distinguish fitness gimmicks from genuine healthcare applications.

New technologies pose new challenges in healthcare with the promise of timely point-of-care information leading to more convenient services and earlier diagnosis but there are dangers in the rapid pace of change without both sufficient flexibility and clinical governance.

Many new technologies have been introduced without difficulty but the debate over ultrasound illustrates some of the tensions.

Requests for imaging in secondary care are outstripping resources UK wide. A recent paper in the BMJ suggested that this is related to a lack of facilities and trained radiologists and radiographers. In Wales, in the first month of 2014, 31% patients had been waiting for more than 8 weeks for non-obstetric ultrasound. The dilemma is whether to move the point of care using cheaper technology to primary care or invest in more centralised expert care. A mixed solution with strong clinical governance is a credible alternative. Less reliance on experts and moving the locus of care will require considerable training and refocusing of investment. Ultrasound in primary care however has been shown to be timely, accurate, easy to use at the bedside or in the surgery and capable of providing rapid diagnosis in an emergency. Apart from training issues, diagnostic error, false positives and false negatives, difficulty in storing images and data; calibration, safety and maintenance also need to be considered.

For commissioners it will be important to judge how best to support the introduction of new technologies in primary care. Substitution, duplication and governance are likely to be the main issues but commissioners will need to be bold and above all flexible to avoid stifling innovation. Commissioners will need to recognise the need to pilot and often pump-prime new activities.

The pace of change is also important. With all new technologies the diffusion of ideas suggests that there are early adopters and enthusiasts, the majority and laggards. Clinical change cannot occur without ownership.

RCGP Wales welcomes the challenge that the introduction of new technologies poses for primary care and in particular the advantages for patients, especially timely and convenient point-of-care diagnosis.