National Assembly for Wales

Health and Social Care Committee

Access to medical technologies in Wales

Evidence from MediWales – MT 23

October 17, 2013

FAO: David Rees AM, Chair, Health and Social Care Committee, National Assembly for Wales, Cardiff Bay, Cardiff CF99 1NA, HSCCommittee@wales.gov.uk

Ref: Inquiry into access to medical technologies in Wales

Dear Mr Rees,

1.0 Introduction

1.1 Thank you for the opportunity to make this submission to the inquiry into access to medical technologies in Wales. We welcome the fact that the Committee has identified this as an issue that requires consideration. We are pleased to note that, following the consultation on the scope of the enquiry, the benefits of new or alternative technologies; the need for a joined up approach to commissioning; and engagement with manufacturers of new technologies have all emerged as prominent themes.

1.2 MediWales is the innovation forum for the Life Science sector in Wales. Independently owned by its 140 members, which include industry, academic and clinical organizations. MediWales was originally established with support from the WDA and continues to run part funded by the Welsh Government Life Science Sector Team. MediWales' board of directors is drawn from senior figures in the sector and our Expert Advisory Group comprises over 30 of the most respected people in

academia, industry and healthcare.

1.3 This submission is intended to reflect the concerns raised by Welsh manufacturers regarding the introduction of new technologies into the Welsh NHS. Many of which have been adopted in other markets and so can demonstrate a proven track record in the delivery of improved patient care, disease management and/or reduce healthcare costs. However despite this demonstrable evidence companies are still experiencing systemic barriers to adoption in Wales.

1.4 Evidence was gathered during discussions with members of MediWales' Expert Advisory Group and at a dedicated meeting held in Cardiff on 11th October 2013. The issues raised can be supported by additional evidence if required. Included are two case studies to illustrate more widely identified concerns.

2.0 Concerns

2.1 The most pressing issues identified revolve around the importance of efficient identification, evaluation and adoption of the best available new technologies.

2.2 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, 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. While this gap remains it is a barrier to adopting new technologies that may support improved patient care and reduce costs of care.

2.3 There are organisations within Welsh NHS and academia that are regarded as leaders in new technology assessment.

- SMTL (Surgical Materials Testing Laboratory) in Bridgend is often named as an example of best practice in device evaluation that the wider UK can learn from.
- Cedar at the Cardiff Medicentre is an external medical technology evaluation centre for NICE.

- The Wound Healing Research Unit at Cardiff University is recognised internationally for its work in trialing and evaluating devices.
- The Health Informatics Research Unit at Swansea University has a ground breaking, holistic approach towards evaluating new eHealth technologies.

2.4 Unfortunately while Wales boasts these exemplar centres of technology evaluation there is no systematic, all Wales, approach to the NHS identifying, evaluating and adopting new technologies, or an entry point for technology providers to submit new technologies for evaluation.

2.5 In 2010 MediWales presented a report to NISCHR titled '*Access to Clinical Expertise in Wales'*. The report summarises the outputs from a programme of events and working groups held with key stakeholders in the health technology sector in Wales. Findings were that medical technology development and adoption in Wales could be improved through access to clinical expertise at a number of stages. One of which was a formal process for the timely, cost effective evaluation of new technologies as they are brought to market. Many of the other recommendations made in this report were received well, developed and adopted by NISCHR, however technology evaluation remains a problem, apparently because there is no one organisation or department with the responsibility for taking a lead on the issue.

2.6 Barriers imposed by silo budgets within the NHS lead to narrow appraisal of cost advantages for adoption of new technologies: not a holistic approach, where a new technology may cost more per unit than an existing product but have enormous wider cost savings for the NHS/Social Services as a whole and certainly significant patient quality of life benefits.

2.7 A tendency to retender for products based on incumbent specifications or historical requirements can restrict the adoption of innovation.

3.0 Case Studies

3.1 The following case studies have been selected to illustrate a wider issue voiced by many of our members.

3.2 Invacare, Bridgend

This case study suggests that opportunity to improve the quality of life of COPD patients in Wales may be being missed by evaluation and procurement barriers to adoption of new technology. Invacare, a large, medical technology company based in Bridgend, have made little progress trying to enter the home oxygen market in Wales with a novel product that has been adopted by many other health providers. Home oxygen is supplied to over 100,000 patients in Wales, mostly for the management of COPD. Invacare's innovative product, Homefill, allows patients to fill small, easily carried, oxygen canisters rather than needing to rely on the regular delivery of much larger cylinders. This innovation can be demonstrated to provide some chronic patients with additional freedom and mobility. The company regularly competes for NHS contracts and so understands that they can win or lose competitive tenders, their concern is that there appears to be no way for the product to be objectively evaluated and fairly compared to traditional methods. Their experience suggests that contracting policies, a resistance to adopt disruptive innovation and incumbent interests have blocked the adoption of this innovation. They feel that there is a lack of system in place to present market and patient data for evaluation.

3.3 EKF Diagnostics Holdings plc, Penarth

EKF Diagnostics is an established company in the diagnostics market. EKF has sales in over 100 countries, over 300 staff and a turnover of around £30m. EKF have shared with us the experience of trying to introduce one particular range, a HbA1c point of care analyser, into the UK market. The product, Quo-Test, helps with the management of diabetes by allowing instant feedback to patients without the need to submit venous blood samples to a central laboratory. As with Invacare the company is experienced at competing for contracts and understand that tenders can be won or lost when assessed on a "level playing field". However they are finding it very difficult to even get this new product evaluated by the NHS in England or Wales. The company has independent studies and patient feedback that they are happy to share but cannot initiate an evaluation process. The company has submitted an application to NICE's Medical Technology Evaluation Programme (MTEP) but has been refused an evaluation for reasons that are difficult to understand. This refusal leaves the company with few alternative opportunities to present their proven Innovation to the Welsh and English NHS. They have therefore concentrated their effort on international markets where the product has been well received.

4.0 Conclusions

4.1 While evaluation remains an adoption gap, technology innovations required for the best possible patient care may not even be being considered. There is a lost opportunity for efficiency gains through use of alternative technologies. Expertise in treatments using 'state of the art' technology may also be lost. Considerable technological advances are being made at present that assist in treatment of patients at home through remote monitoring and eHealth applications and advancements that reduce the cost of medicines through improved diagnostics and targeted treatments. The current pace of developments in the field requires a concerted coordinated effort to be maintained in order keep abreast of these advances.

4.2 MediWales' primary stakeholder is Welsh Industry. In recent years the relationship between Welsh NHS and Industry has become increasingly collaborative. Access to clinical trials services, including permissions, contracts and timescales have either greatly improved or systems are in place that will deliver significant improvements. Welsh industry stakeholders have felt consulted and listened to throughout the developments that have resulted in the creation of Health Research Wales. This situation has resulted in numerous examples of clinicians and manufacturers collaborating on innovations that will deliver patient and cost benefits to the NHS. However, while working closely with industry and academia improves awareness of technological advancements, this spirit of collaboration is not an alternative for a systemic, impartial process of horizon scanning and evaluation.

4.3 Access to medical technology should always be driven by a collective effort to support the very best patient care. While economic benefits are a positive and 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.

4.4 An agreed economic evaluation model used by the NHS and commercial companies would help them to pursue innovations more likely to be adopted, based on cost and value added.

5.0 Recommendations

I) We recommend an examination of current systems for identifying and adopting new technologies, including an examination of technology assessment across the UK and abroad and consideration of any gaps in the adoption processes in Wales.

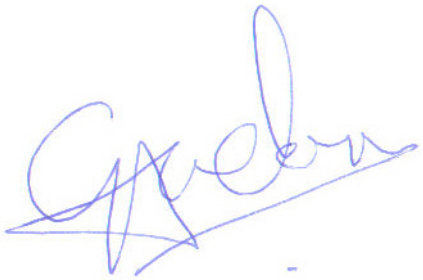
II) We recommend an examination of procurement practices and the role they can play in encouraging the adoption of the best technologies available.

III) We recommend that the Committee consider the implementation of a national level system for the efficient identification, evaluation and adoption of new technologies that support best practice in improving patient care and reducing health care costs. We suggest that this system requires; proactive horizon scanning; a technology submissions process; transparent health economic assessment and technical evaluation.

IV) We recommend the use of all existing available data, such as NICE evaluations, but we feel that that the adoption of NICE evaluations is by no means a complete solution.

6.0 Finally our members wish 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 the foreseeable future. The MediWales team is happy to assist the Inquiry further through the submission of additional evidence or as a partner in the development of solutions.

Kind regards



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