

Health and Social care Committee
Access to medical technologies in Wales
MT ToR 5 Royal College of Anaesthetists Wales Advisory Board



Royal College of Anaesthetists Advisory Board in Wales
Wales National Specialist Advisory Group - Anaesthesia

Dear Mr Drakeford

27 September 2012

Thank you for the opportunity to comment on the National Assembly for Wales' Health & Social Care Committee letter of 23rd August 2012 regarding access to medical technologies in Wales. We have sought input from the members of the RCoA Advisory Board in Wales / NSAG Anaesthesia in compiling this reply.

Anaesthetists in Wales report difficulty in obtaining access to some medical technologies and feel this problem exists to a greater extent within anaesthesia than may do so in other specialities. It is believed that this may relate at least in part to the service nature of our speciality that may not attract the same high profile attention as perhaps some other medical disciplines. The work should assess whether there is equity of access across specialities.

Particular examples of equipment we would consider relevant to review would be ultrasound machines for anaesthetic / critical care purposes, video laryngoscopes, non-invasive cardiac output monitoring, depth of anaesthesia monitoring and cardiopulmonary exercise testing (CPEX). Many of these technologies, such as non invasive monitoring for cardiac output monitoring, either improve quality of care or reduce risk of adverse outcomes and should be available in all areas that have seriously ill patients such as A&E departments, Theatres, Recovery units, ITU/HDU etc.

The review should assess whether technologies addressing these benefits are given equal status to others such as increased patient throughput or reduced length of stay.

Anaesthetic departments are usually one of the largest departments within hospitals and use many different medical technologies. It is therefore essential that anaesthetists and doctors working in Critical Care are involved and opinions sought during this piece of work.

In the assessment of access to technologies we would recommend and support the reference to the quality of evidence supporting new technologies. Bodies such as NICE and the Medical Technologies Advisory Committee provide thorough appraisal of new technologies but the subsequent "access rate" may not reflect the degree of support awarded by such review bodies to a new technology. We would recommend this piece of work studies the link between technology appraisal and subsequent access.

Research into some areas of medical technology is often lacking and the research that does exist is frequently funded by the equipment / technology manufacturer. While such funding is to be welcomed, greater independent research would be preferable. Looking for ways this can be achieved is to be recommended.

If technologies are supported by groups such as NICE there is no clear link in ensuring the technology becomes available to some or all relevant patients.

At a local level clinicians bid against each other, in particular during a capital bids process. While this may initially appear good, there is no clear method to ensure the most effective and best value technologies receive funding. It is often a case of a "small slice of cake" to each speciality rather than a proper evaluated review of each bid.

In addition the review should consider large technological developments in a separate manner. Electronic prescribing across a Health Board or Wales would be one such project. This could produce huge benefits in terms of patient safety and quality of care but is unlikely to come to fruition via existing financial and access processes. Similarly the introduction of 4G should be applied to the whole of Wales with availability in all health boards including primary and community care. All clinicians should be able to access with 4G tablets clinical information in a secure network. This should also include access to diagnostic information from medical records, pathology radiology etc.

In the current financial crisis advances in technology which benefit patients should not be stifled, but assessed and introduced if found to be of value to patients and the NHS.

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RCOA Advisory Board in Wales / National Specialist Advisory Group Anaesthesia