

Health and Social care Committee
Access to medical technologies in Wales
MT ToR 29 DTR Medical

5 October 2012

Dear Committee,

Access to Medical Technologies in Wales

Thank you for the opportunity to provide comments on the scope and other aspects of accessing medical technology in Wales. We make our contribution as an growing SME Medical Device Manufacturer based in Wales.

Introduction to DTR Medical

DTR Medical manufactures sterile single-use surgical instruments for use by specialities including ENT, Maxillofacial, Neurosurgical, Orthopaedic, General, and Vascular surgery. The company also provides cleanroom contracting for other medical and some pharmabiotech customers.

DTR Medical employs 26 people, most of whom work at our facility on the Enterprise Park in Swansea, and all the jobs have been created since our launch June 2005. Welsh suppliers are used where possible and we have a strong track record of bringing low cost Far East manufacturing back to the UK. We also have collaborations with Welsh Universities including employing placement students and running Access to Masters projects.

We currently supply most Welsh Health Boards with products and we have worked hard to build a positive working relationship with Shared Services Procurement, which has resulted in a set of agreed prices for our product range in Wales for the last four years.

We regularly win new business as the demand for single-use surgical instruments develops and this is through a combination of high quality, benchmarked against re-usable international standards, and exceptional levels of service to ensure patient lists are not disrupted.

Overall, UK NHS accounts for 74% of our turnover, with 19% to the private hospital groups (Nuffield, BMI, Spire, Ramsay etc.) and we have a growing export business to Ireland, Australia, New Zealand, Holland and the Middle East

Scope of the Inquiry

We believe that the committee should take a holistic view of the scope; Awareness of new technologies, trials and testing, results based decision making, implementation and

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monitoring to compare expectations with achievement. Consideration should be given to incentivising Health Boards and staff to take on new technology. Finally, we suggest involvement and employment through public and private sector organisations should be included as part of the health and wealth approach.

This “cradle to grave” assessment should help determine, systems, structures and support mechanisms that deliver innovative technology to Wales with fast clinical and patient benefits.

It may seem wide ranging, but Wales needs to leapfrog other countries if it wishes to have a vibrant and healthy population and life science economy.

Additional Comments

At present, the NHS in Wales are seen by industry as slow adopters, particularly compared to Scotland, another devolved administration. This has a negative impact on innovation, clinical treatments and outcome and in the case of Welsh providers a slower growth than can be achieved elsewhere.

The possible barriers to effective new treatments in Wales are:-


- Procurement is based on historical usage and not on future needs. It is common to hear the phrase “we don’t buy/use this” and this is a great way of maintaining the status quo. In practice, this has the effect that these departments are totally focussed on renewing the routine burden of contracts and not looking for new ideas.
- Procurement-led purchasing stifles clinical innovation and dampens enthusiasm to make change. In the worst examples it is “expressly forbidden” to talk to companies and therefore how do non-clinical personnel know what is best for the patient?
- Silo Budgeting is well known but this mentality also extends across Health Boards where overall savings benefits are not considered at the Departmental level. Often departments and the systems have no way of looking beyond their own staffing costs and not equipment, repair, energy usage, waste disposal, insurance and litigation costs etc because this is outside their remit. Where is the arbitration process between spending departments to benefit the Health Board as a whole?
- Patient and staff safety is often overlooked and benefits of new innovations that can improve these criteria are not easily incorporated into any buying process outside a clinical setting.
- Resistance to change is a massive factor in Wales, where many NHS staff just want to keep doing the same job they have always done. The voices of innovation are relatively few and are often swamped by inertia. This culture is especially strong in one or two Health Boards where the first reaction is always to defend the status quo. In other Health Boards, other parts of the UK NHS it feels completely different. That said, if there is no monitor of new medical technologies, no incentive to welcome it and no leadership to change attitudes how will this happen?

- Appraisal and decision making must vary depending on the type of device, cost and impact. One system will probably not fit all needs and it is wrong to force this. Major capital expenditure with a long term payback is not the same as the introduction of a new consumable like a sterile single-use instrument, which is replacing a reusable product used for many years.

For some of these points, we can provide examples at a later stage. For others it is very difficult to prove the absence of something, but we hope our comments are helpful.

We wish the committee every success in this important venture and we will be pleased to assist in any way we can.

Yours faithfully



Andrew Davidson
Managing Director