THE WELSH NHS CONFEDERATION
CONFFEDERASIWN GIG CYMRU

National Assembly for Wales Health & Social Care Committee
Inquiry into access to medical technologies in Wales
Submission from the Welsh NHS Confederation
November 2013

Introduction

- The Welsh NHS Confederation, on behalf of its members, welcomes the opportunity to respond to the National Assembly for Wales' Health & Social Care Committee's inquiry into access to medical technologies in Wales.
- By representing the seven Health Boards and three NHS Trusts in Wales, the Welsh NHS Confederation brings together the full range of organisations that make up the modern NHS in Wales. Our aim is to reflect the different perspectives as well as the common views of the organisations we represent.
- The Welsh NHS Confederation acts as an independent voice in the drive for better health and healthcare through our policy and influencing work and by supporting members with events, information and training. Member involvement underpins all of our various activities.
- The Welsh NHS Confederation and its members are committed to working with Wales' elected representatives, the Welsh Government, our partners and the public to ensure there is a strong NHS delivering high quality services to the people of Wales.

Response

The terms of reference of the inquiry are:

- To examine how the NHS assesses the potential benefits of new or alternative medical technologies;
- To examine the need for, and feasibility of, a more joined up approach to commissioning in this area;
- To examine the ways in which NHS Wales engages with those involved in the development/ manufacture of new medical technologies;
- To examine the financial barriers that may prevent the timely adoption of effective new medical technologies, and innovative mechanisms by which these might be overcome.

To examine how the NHS assesses the potential benefits of new or alternative medical technologies

There are a number of routes by which NHS organisations can address the above. It is important to note that this question can be investigated from different perspectives:

- The NHS can be utilised as a beta testing site for new technologies, particularly smaller equipment. This gives the NHS the opportunity to review critically any new / alternative technologies before they come on the market and to be involved in finalising the design before release, marketing etc.
- The NHS can be utilised to "confirm" and "validate" formally the proposed application of the device in clinical practice.
- The NHS can be utilised to validate "alternative" uses of the device which have hitherto not been associated with the device post its release.
- The NHS is the gateway to patient access and opinion and there is more scope to develop this re: new / alternative medical technologies.
- Current procurement rules can limit how the NHS assesses the potential benefits of new or alternative medical technologies.

Assessing the potential benefits of new or alternative medical technologies must be carried out in the right environment to assure patients will not come to harm. This will require full engagement with research governance, NHS ethics, and other relevant regulatory guidance.

How can these be achieved:

- NHS organisations can agree to be potential sites for the evaluation of all new devices. NICE through its Medical Technologies Evaluation Programme have developed a process whereby they put equipment / device evaluations out to tender, for interested parties to bid. One organisation in Wales that looks to submit responses to the NICE evaluation calls is Cedar Healthcare Technology Research Centre. Engagement with Cedar can identify NHS sites with an interest and expertise in new technologies and who can help them undertake the "clinical" evaluation of these new technologies.
- The NHS can undertake research (in partnership with academia) to provide the evidence base for the use or alternative use of a device in clinical practice. In Wales, the Welsh School of Primary Care Research and the three NISCHR (National Institute for Social Care and Health Research) funded Trials Units (South East, West and North Wales) have a strong history of supporting such research. This can be accessed by the NHS as a research partner.
- Forming links with Industry through research is an important mechanism to help address the above bullet point. For example there is the:
    - Knowledge Economic Skills Scholarship (KESS) scheme. This scheme funds the undertaking of research by academia and often in association with an NHS organisation. As part of the funding scheme an Industry partner has to agree to provide financial input (approx. £3,000 - £5,000).
    - Knowledge Transfer Partnership (KTP). The NHS can participate in Industry or Academic led projects. Matched funding is required.
    - Research studies at PhD and MSc level can be developed to evaluate the utility of medical devices developed by industry partners.
- Direct links at specialty (Departmental) level with Industry, enable identification of the opportunities for clinical disciplines to assess / evaluate new technologies
    - as part of the procurement process or
    - as part of a research opportunity where
        - a new technology has its intended functionality assessed
        - or an alternative use is identified which requires an evidence base for its use in clinical practice.
- Recognition of and full engagement with the appropriate NHS professionals, across all specialties to review, investigate, evaluate and document all potential benefits of new technologies.

To examine the need for, and feasibility of, a more joined upapproach to commissioning in this area

With the development of shared services, notably procurement, this may be possible. However, for Medical Technologies, this may prove problematic as increasing the number of stakeholders, where their requirements are due to clinical service provision, may be different and this could prove difficult.

- One company may not be able to provide technologies where "one size will fit all". This can result in the purchasing of equipment that meets no one's needs fully, as a compromise. There is an increasing evidence base that recent large procurements of clinical services and equipment across the UK have failed or have over-run considerably, due to the complexity and the resources required to implement and manage on a large scale, often negating the perceived benefits of large commissioning projects.
- Large commissioning projects could lead to the monopolisation of the provision of a device and its associated consumables. This may have financial benefits but increases the clinical risk considerably as the scale of any failure in the continuation of service provision would be much larger and more difficult to rectify quickly. This does occur and In the last five years there have been a number of failures in service provision due to issues with medical

technologies companies products. Using fewer companies could also lead to a decrease in competition with some firms dominating as a consequence and umbrella pricing in the longer term. In addition only commissioning large projects may exclude 'start ups'.

To examine the ways in which NHS Wales engages with those involved in the development/ manufacture of new medical technologies

There are several ways in which this can be / is being achieved:

- The recent development and launch of Health Research Wales (HRW) in May 2013 will facilitate the engagement of the NHS, Higher Education Institutions (HEI) and Industry partners. HRW provides a central portal (and brand) through which Industry can gain access to appropriate NHS sites with an interest and expertise in various technological fields. It is anticipated that the use of a sign-posting portal will help the development of partnerships and input into technology development at an earlier stage.
- Development of strong partnerships between the NHS and Academia facilitates the engagement between suitable partners and scientific / clinical specialties. This has been enhanced through the development of University Health Board status and the development of South East Wales Academic Health Science Partnership (SEWAHSP) and its Industry working group. SEWAHSP also has Industry membership through organisations such as MediWales. In North Wales, the Betsi Cadwaladr University Health Board hosts the National Institute for Social Care & Health Research [NISCHR] Academic Health Science Collaboration North Wales Regional Hub made of partners from health, Powys teaching Local Health Board, Welsh Ambulance Services Trust, Bangor and Glyndwr Universities. Further partnership with the Universities is evidenced in the Collaborative Strategic Board, the joint Intellectual Property Group with Bangor and Glyndwr Universities and active links with the Centre for Health Economics and Medicine Evaluation, Bangor University.
- Developing direct partnerships with each of the NHS organisations and Industry partners such as MediWales and diagnostic companies, will help facilitate the development and manufacturing of new technologies driven by the NHS.
- One area that could be developed is "patient led" device development . Developing devices that the patients consider would be helpful to them, their condition and quality of life, at the "idea" stage, rather than having NHS professionals and Academics assuming the position on making the decisions and developing devices on their behalf.
- There are a number of schemes that encourage and support (financial and legal) the direct development of new/alternative technologies, such as:
    - the Health Technologies Challenge. This scheme is being directed and co-ordinated through the South East Wales Academic Health Science Partnership
    - NISCHR Funding schemes such as 'INVENT'.

  To facilitate commercialisation of new/alternative technologies, individuals and clinical teams need appropriate support and sign posting to expertise and advice. This could be provided on an All Wales basis
- The Welsh Government has the Department for Business, Enterprise, Technology and Science (BETS), which also helps facilitate and develop opportunities for partnership building between the NHS, Academia and Industry, providing an economic viewpoint on the development and manufacturing of new medical technologies.

To examine the financial barriers that may prevent the timely adoption of effective new medical technologies, and innovative mechanisms by which these might be overcome

The financial barriers can be divided into two areas:

- Funding resources required to support the validation / evaluation of new technologies, the safe and effective delivery / implementation and future monitoring of new technologies.

What would help?

- Greater flexibility between "budgets" where a reduced spend in one specialty as result of a given development can be used to support the new development managed by another specialty.

Recognition that investment (even pump priming) in staff resources can result in the following:

- Taking a more scientific / evidenced based approach where choosing / implementation of all such technologies is managed by the appropriate professionals to avoid "waste" and prevent the use of technologies that are not fit for purpose.
- Allows time for greater engagement / co-ordination between all the stakeholders with clear lines of accountability, to ensure informed decisions are taken between those managing and using any devices.
- Development of clear documentation to ensure that devices are used appropriately to reduce any clinical risk and to optimise the financial and clinical benefits.
- Purchasing the medical technologies is often a barrier, even when the case for the clinical and financial benefits are clearly made. This is particularly the case when "Capital" is required and replacing equipment takes priority over "new technologies".

What would help?

- Development of an Invest to Save fund for capital purchases for innovative new technologies may be a possible way to overcome barriers.
- Allowing the carryover of ring-fenced funding (badged as development funding) between financial year(s), to reduce the risk of impulse / rushed (and perhaps inappropriate, untested) purchases. Choosing the appropriate Technology and purchasing can be complex, requiring sufficient time to ensure an informed decision is taken. Having time limited budgets can lead to poor purchasing decisions to beat the financial year deadline. (see 4, b, I, above reference Invest to Save)
- Removing the "Capital" limit of £5,000 will allow more flexibility in the use of non-capital funding. This level of Capital is now outdated due to the costs of devices / equipment.
- Ensure, where appropriate, there is standardisation of manufacturer, equipment (hardware/IT) and consumables across an NHS organisation. This provides inherent resilience and allows for economies of scale in terms of purchasing power with the manufacturers. Putting all eggs in one basket can be a risk, but at a single NHS organisational level this may be managed contractually via risk transfer.