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From the RCP vice president for Wales
O'r is-lywydd yr RCP dros Gymru

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ACCESS TO MEDICAL TECHNOLOGIES IN WALES

Response from the Royal College of Physicians in Wales to the National Assembly for Wales' Health and Social Care Committee inquiry into access to medical technologies in Wales

The Royal College of Physicians (Wales) plays a leading role in the delivery of high quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in Wales and across the world with education, training and support throughout their careers. As an independent body representing more than 28,000 fellows and members worldwide, including 1,000 in Wales, we advise and work with government, the public, patients and other professions to improve health and healthcare.

Mae Coleg Brenhinol y Meddygon (Cymru) yn arwain y ffordd o ran darparu gofal o ansawdd uchel i gleifion drwy osod safonau ar gyfer arferion meddygol a hybu rhagoriaeth glinigol. Rydym yn darparu addysg, hyfforddiant a chefnogaeth i feddygon yng Nghymru a ledled y byd drwy gydol eu gyrfa. Fel corff annibynnol sy'n cynrychioli mwy na 28,000 o gymrodorion ac aelodau ym mhedwar ban byd, gan gynnwys 1,000 yng Nghymru, rydym yn cynghori ac yn gweithio gyda'r llywodraeth, y cyhoedd, cleifion, a gweithwyr proffesiynol eraill i wella iechyd a gofal iechyd.

The RCP welcomes this opportunity to respond to your inquiry into access to medical technologies in Wales. We are happy to give oral evidence, if invited. All quotations, unless otherwise stated, are taken from evidence submissions we received from fellows and members.

If you would like more information, please contact Lowri Jackson, RCP senior policy adviser for Wales, at Lowri.Jackson@rcplondon.ac.uk or on 029 2050 4540.

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Our response

Our response is informed by our fellows and members in Wales.

1. **The RCP calls for an all-Wales strategic approach to the commissioning of new medical technologies to ensure better access. We recommend that clear guidance be produced, with the focus on a more joined up and clinically led approach. The approach should look at both the cost and the clinical effectiveness of a new technology and be applicable across Wales.**

2. A number of factors affect the access and availability of existing medical technologies. Among them is the impact of waiting times, conflicting clinical commitments, the impact of geography and regional availability and the impact of a lack of equipment, theatre space or trained teams.

   'In Wales, there is very poor access to existing technologies eg revascularisation (coronary artery bypass graft [CABG] or percutaneous coronary intervention [PCI]) for people with stable angina. There is also very poor uptake of emerging evidence based technologies for the treatment of heart attacks eg primary angioplasty.'

3. Our fellows and members felt strongly that as the treatment of disease becomes increasingly scientific and technological, it will become even more important that the Welsh Government develops clear policy and guidance on the commissioning and adoption of new medical technologies.

   'Some … investigations are only cost-effective on a regional or sub-regional basis, but the lack of strategic coordination means that commissioning of such services is ad hoc and unsatisfactory … A strategic, all-Wales approach is needed to the commissioning of such technologies so that all-Wales access is ensured, and services are refreshed as technology advances.'

4. We know that if a new technology exists only in one or two hospitals in Wales, to ensure access, patients will need to move between hospitals. Access to medical technology is quite clearly linked to patient access, medical training, and the organisation of the medical workforce, all of which need a strategic approach. We therefore recommend an all-Wales decision making approach for new medical technologies.

5. Our fellows and members also told us that some health boards do not prioritise new technologies against more traditional priorities, which is frustrating and has an impact on waiting lists for more routine procedures. There was some frustration that because of the financial situation in the NHS, health boards were not necessarily investing in new technologies which could improve patient outcomes. Respondents pointed out that while health boards have an obligation to prescribe approved drugs, guidance on new technology is only advisory.

   'We are not good in Wales at bringing in new technology. I have had experience in trying to get gamma probes in for sentinel node biopsy in breast cancer, which is now accepted as standard, but there was initial resistance from health boards in agreeing to purchase the machine. Also, we have tried (and failed) to

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introduce intraoperative testing of the sentinel node using molecular pathology, although it has been introduced in many hospitals in England.

There does not seem to be a recognised pathway to get new technology. The usual problem is that unless it can be self-financing by saving money elsewhere, the [decision makers] will not consider the [proposal] even if it brings benefits to patients in terms of quality of life.'

6. The impact of these conflicting funding priorities and the shortage of national strategic planning in service development means that access to new medical technologies can be patchy. The decision making process lacks clarity, and isn't always evidence based. Many technologies do not have a formal assessment process and our fellows and members told us that some technologies have been introduced in an unplanned way.

7. We would like to draw the committee's attention to the RCP Clinical Commissioning Hub, an online resource for service planners and clinicians designing secondary care services across the UK. While the advice is primarily aimed at the new clinical commissioning groups in England, the information will be of interest to anyone planning and designing secondary care services in any health service.

'[Adoption] of new technologies is often organic, rather than planned … There is a lack of central planning. However, central control is usually very slow, often won't make a decision and tries to include everything … so it never happens. I favour organic growth, but it does have two main disadvantages: cost creep and patchy postcode services, as only the motivated consultants develop things.'

8. Ironically, some respondents pointed out that that their inability to access new, more advanced equipment (in part because of the lack of clear adoption processes) meant that they were still using older, more expensive technologies, which was actually costing the NHS more money in the long term. It is clear to us that more long term thinking is needed. Our fellows and members told us that the upfront cost of new technologies should be offset against the long term savings.

'[Phototherapy] technology has been embraced in continental Europe… [We don't have it in Wales which] is costing us dear as the alternative treatments are so expensive.'

9. It was suggested by some of our fellows that health boards should be required to use NICE recommendations to inform their decisions about new medical technologies:

'NICE often specifies the use of certain technologies within its clinical guidelines. In doing so, NICE recommends the use of these technologies. I would recommend that the [committee] makes all efforts to avoid wasteful "reinventions of the wheel" and accepts the value of existing technologies assessed by NICE, both directly and implicitly in its guidance.'

10. We heard that more work should be done to ensure that NICE guidelines are being met; that we need more effective dissemination of this information about new technologies and techniques, and that health boards should adopt proactive strategies for implementing these guidelines.

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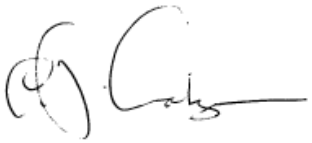
11. In conclusion, the RCP in Wales calls for a new process to approve new technologies on an all-Wales basis. This new process will need a transparent methodology for evaluating the technology, as well as an appropriate funding stream.

12. We also recommend that the committee consider whether a national body, either a new group or an existing group (eg the All Wales Medicines Strategy Group) should appraise equipment and technology to ensure a strategic national approach.

If you have any questions, or would like any further information, please contact my colleague, Lowri Jackson, RCP senior policy adviser for Wales, at Lowri.Jackson@rcplondon.ac.uk or on 029 2050 4540.

With very best wishes,



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