

Y Gymdeithas Feddygol Brydeinig

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National Office
Swyddfa Genedlaethol

ACCESS TO MEDICAL TECHNOLOGIES

Consultation by National Assembly for Wales' Health and Social Care Committee

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Response from BMA Cymru Wales

INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the National Assembly for Wales' Health and Social Care Committee's inquiry into access to medical technologies

The British Medical Association represents doctors from all branches of medicine all over the UK; and has a total membership of over 150,000 including more than 3,000 members overseas and over 19,000 medical student members.

The BMA is the largest voluntary professional association of doctors in the UK, which speaks for doctors at home and abroad. It is also an independent trade union.

BMA Cymru Wales represents some 7,000 members in Wales from every branch of the medical profession.

RESPONSE

How the NHS assesses the potential benefits of new or alternative medical technologies

It is the understanding of BMA Cymru Wales' members that there is an agreed research framework for the pre-introduction assessment of devices and technologies that is well established. The formal assessment of established devices and technologies is currently made on a UK basis by NICE, which is considered to have a fairly robust system in place. We therefore believe it would be inappropriate, as well as unnecessary, for Wales to duplicate this.

We would also make the observation that many devices and technologies are governed by EU regulations.

It is the view of BMA Cymru Wales that there is no role for introducing new or novel technologies outside of clinical trials with appropriate national approvals. Nor would we consider that established technologies should be introduced for the first time into NHS Wales without prior assessment under a UK-wide framework, appropriate training and an identified ability to monitor changes in clinical outcomes.

The need for, and feasibility of, a more joined up approach to commissioning in this area

We would consider that there may be some technologies and devices which are amenable to development and assessment within Wales. We therefore believe this constitutes an opportunity for inward investment and that companies could be encouraged to look to Wales specifically.

We believe that all new technologies should be tried under the background of a comprehensive surveillance programme with clearly identified public health outcome gains, against which post introduction analysis can

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be undertaken. If these stated health gains are achieved, then this would provide evidence that the new technology under assessment should be continued. If not, then the use of such a technology should be discontinued.

This is relevant not only in guiding prioritisation in health boards, but also in assessing potential harms, opportunity costs and safe disinvestment options. In this way a staged roll out across Wales of any new technologies would be possible alongside, where appropriate, the withdrawal of old technologies. This will ensure both patient safety and NHS economy. For this to be done effectively, it is the view of BMA Cymru Wales that the NHS in Wales would need to develop an appropriate electronic system for maintaining secondary care clinical records.

Wales appears to have a poor record in the introduction of new technologies and devices, partly, in our view, because our organisation for the introduction of new technologies is both fragmented and uncoordinated. We are aware of examples where a Wales-wide procurement has resulted in machines being purchased that have then sat idle gathering dust, e.g. cardiac echo machines intended for use in primary care without there being anyone able to run them, and breast screening equipment that was installed in cottage hospitals where there were no radiographers to operate them.

On the other hand, we are also aware that Wales has sometimes lacked novel technologies that are considered standard elsewhere in the UK – such as PET scanning, until recently.

When there was a recent competition in Wales for bids against the sudden appearance of a new technology fund, with a tight deadline and lack of sufficient clarity, it attracted numerous competing bids from within the same health boards without, in our view, sufficient thought or coordination. We believe that a better system is therefore required within Wales to ensure that what funding is available is better spent and more appropriately targeted to need.

NHS Wales' engagement with those involved in the development/manufacture of new medical technologies

We note from the technology assessments carried out by the Medicines and Healthcare Products Regulatory Agency (MHRA) that very few, if any, technology trials are currently being carried out in Wales.

In the view of BMA Cymru Wales, Wales could do much better in areas such as the development, provision and uptake of new technologies. We would therefore consider that the level of engagement of NHS Wales with those involved in the development/manufacture of new medical technologies is insufficient.

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

It is vital to ensure money is well spent in a carefully thought-out manner to target patient needs. There should also, in our view, be a robust mechanism for ensuring that the voice of clinicians is properly heard, and listened to, in the consideration of any decisions to adopt new medical technologies.

In the experience of some of our members, when trying to introduce new technologies into practice (even when these have been proven to have clinical advantages and to be cost-effective elsewhere) the block funding of our NHS bodies, and the compartmentalisation of budgets within them, often stands in the way of such implementation.

Unless the introduction of a technique (e.g. hysteroscopic sterilisation) might make it possible to close beds or redeploy staff, our experience is that NHS managers are often not interested – even if the use of such a technique might be much safer for patients. It is the subjective impression of our members that before the current health boards were formed, the competition that previously existed between NHS Trusts in Wales made it a little easier to acquire agreement on the introduction of new technologies.

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Conclusions

Whilst we consider that the pre-introduction assessments of new or alternative medical technologies should be undertaken under the auspices of a common UK-wide framework, BMA Cymru Wales does consider that more could be done to promote the introduction of new technologies and innovative mechanisms within the NHS in Wales where there could be clear, identified benefits in patient outcomes and health gains. We would support the view that more needs to be done to develop a more joined-up approach for the commissioning of new technologies, that the NHS in Wales could better engage in this area and that we should look to overcome the way that financial barriers may prevent the adoption of such approaches. We also believe that there needs to be a recognition that the adoption of new technologies should be supported where they can shown to improve patient outcomes, and not just where they are seen as delivering a reduction in costs.

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