Dear Convener,

At your Committee’s evidence session on 3 October about Technology and Innovation in Health and Social Care, you asked me to provide further information on the issue of why, in the view of the Scottish Lifesciences Association, there is difficulty in securing that, if a new medical technology (other than a medicine) is assessed to be of benefit to the NHS, and is perhaps even procured, it is then actually used by the staff of the various Health Boards across Scotland.

I referred the Committee to an example of this issue, in which NHS Procurement Directorate very helpfully agreed to buy an innovative yet simple piece of technology, but there is no mechanism across Health Boards to identify the availability of such innovation and encourage its use. You asked for other examples.

One is the e-Red Book to which I referenced in my evidence. This innovative technology from Sitekit Solutions of Skye was in fact made available some time ago to Grampian Health Board via a pre-commercial procurement arrangement under the DALLAS project. However, Grampian declined to purchase the e-Red Book due to pressure on its budget for e-health, neither was there a mechanism for turning this local use by Grampian into consideration and implementation by other Boards.

To address this gap, the Scottish Government commissioned the Scottish Health Technology Group (which is responsible for assessment of medical technologies) to consider this issue. I attach at Annex 1 my summary of what SHTG was asked to look at. SHTG is still considering how best to ensure routine consideration by health boards of information and advice on medical technologies issued by Healthcare Improvement Scotland and the National Institute for Health and Care Excellence (NICE). Whether the options being considered would extend to ensuring that medical technologies of clear benefit were actually used by health board staff is an open question, as the focus so far has been on the dissemination of information. However, that would be a good start.

One solution which has been suggested, but which we are not in favour of, would be for companies developing innovative medical technologies to employ many more sales people to encourage Boards to use the technologies. As I said to the Committee, most small companies would not be able to afford to do this, and even if they were to, I suspect the NHS would not welcome large numbers of additional company sales people visiting hard pressed NHS staff to extol the virtues of particular technology solutions.

We will continue to work with NSS Procurement Directorate on behalf of our innovative life sciences companies to address this issue. In England, it has been looked at under the Accelerated Access Review, and we understand that a new body is being considered to speed up adoption of new medical technologies south of the border. I hope that these comments are helpful.

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Developing a process for routine consideration of advice on medical technologies

1. Healthcare Improvement Scotland was commissioned by the Scottish Government Health and Social Care Directorate to look at options to facilitate routine consideration of advice on medical technologies issued by Healthcare Improvement Scotland and the National Institute for Health and Care Excellence (NICE). This work was a priority action arising from the Healthcare Improvement Scotland NMT strategic plan 2016-18.

2. This commission reflected the view that there is a missing step in the adoption and spread of innovations, namely an agreed process to consider evidence-based information and advice relating to medical technologies in Scotland. Such a system exists for advice on new medicines which is considered by health boards’ Area Drugs and Therapeutics Committee (ADTCs), which manage the process of consideration and implementation.

3. Establishing a clear and focused process would, inter alia:
   - encourage and ensure that health boards are systematically and consistently considering medical technologies in order that patients gain maximum benefit from their use;
   - support healthcare decision-makers to use available evidence in their practice
   - identify and address barriers relating to the adoption and spread of medical technologies
   - address unmet clinical need and reduce inequalities and inappropriate variation in the provision of medical technologies

4. SHTG has collected information from appropriate sources, and has identified options for a mechanism which would:
   - identify and published evidence-based advice and information on medical technologies
   - develop a process for considering priority medical technologies to refer to SHTG for assessment
   - provide information to demonstrate performance
   - consider appropriate representation from industry and patients or patient groups
   - be responsible for co-opting specialist skills to discuss the different types of NMTs (devices, diagnostics, service delivery models and interventional procedures) as required.

5. Four broad options for doing this have been identified:
   - A new national level group with broad representation which would consider advice and information on medical technologies, and whose members would be responsible for coordinating distribution of advice and information at their local level;
   - Local groups working with decision makers in health boards to give optimal consideration and diffusion of advice on medical technologies to appropriate persons or specialties;
   - Extension of the remit of existing ADTCs to include considering advice on medical technologies; and
   - NHS boards being individually responsible for establishing and demonstrating that there is a group or process to consider advice and information on medical technologies

6. Final decisions have yet to be taken on the best approach.

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