Health and Sport Committee: Technology and Innovation in the NHS

Additional response from the Scottish Health Technologies Group

Thank you for the opportunity to submit a further response to this inquiry. We note the written and oral evidence provided to the Committee to date, and hope that the following additional comments are helpful.

Landscape:

The Scottish Health Technologies group (SHTG) is responsible for providing advice to NHS Scotland on the use of a wide range of interventions known as “non-medicine technologies”. Non medicines technologies (NMT) are defined as health and care interventions, excluding pharmaceuticals, and include diagnostic tests, medical imaging, medical and surgical procedures or devices, psychological/behavioural interventions, digital health, organisational systems and pathways of care used in health and social care. The range of potential interventions is large and diverse. Overall, resource for evaluation and adoption is relatively fragmented and limited and often uses inconsistent methodology. This landscape means that there is a significant risk that value based decisions are not consistently applied.

In particular, within digital, there are a significant number of different initiatives and groupings and greater clarity and uniformity of structures and objectives would be of value. While the value of innovation within the digital landscape is undoubted, there is a risk that without a more structured methodology, opportunities to ensure we gain the best value and improvement in health outcomes will not be achieved. This is especially important when digital healthcare has been selected from a wider group of health and care technologies as a particular focus for investment. SHTG has reported on the need to strengthen structures across non-medicine health and care technologies to ensure that we are achieving equality and best value from non-medicine health and care technologies:


Assessment processes:

The evaluation of health care interventions should be an integral and equitable component of the healthcare system. Ensuring that all elements of health and care interventions have access to evaluation and appropriate decision support for implementation and adoption is an essential constituent in achieving the best health outcomes for severely challenged health budgets.

The diverse range of non-medicines technologies makes a centralised model of assessment, as used with medicines, unfeasible. The SHTG is only able to review a small proportion of the available health and care technologies. Topic selection is undertaken by a structured process as documented on the Healthcare Improvement Scotland website:

http://www.healthcareimprovementscotland.org/his/idoc.ashx?docid=19dd54cd-d4cc-4c5d-90b4-c76890fbf5c3&version=-1.

www.healthcareimprovementscotland.org
At present, many NMT will undergo a local assessment of varying methodology and rigour prior to use. There is a clear need for a uniformity of assessment methodology to ensure that regional and local assessments can be shared and adoption or non-adoption encouraged. Developing a “distributed model of assessment” for NMT, producing educational materials to support local technology assessment processes, would offer the opportunity to improve the quality of local decision making and develop a better network for distribution and adoption. (http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/shtg_policy_and_strategy/non-med_technologies_process.aspx).

The development of processes for assessment for NMT has unique challenges. In particular, for digital applications, a rapid and iterative development cycle, relatively less evidence of clinical efficacy and early entry to the market have been seen as barriers to conventional health technology assessment. In addition, digital technologies increasingly include a direct patient component in the collection of data by smartphone or web-based applications and ensuring that technology assessment takes an appropriate consideration of patient participation and wider views in addition to direct clinical outcomes is vital in the future. It is clear that conventional health technology assessments may not provide the correct method to assess digital technology. Nevertheless, finding a methodology for structured impartial assessment of key outcomes is essential. For medical apps this process is still developmental but there are a number of pilots underway from organisations such as NICE (https://www.digitalhealthdownload.com/2017/02/nice-introduce-hta-style-app-assessment-process-march-2017/).

In telehealth and telecare, more established frameworks of assessment are established; e.g. a model for the assessment of telemedicine applications (MAST) (http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4027674/MAST.pdf).

Adoption of these techniques should include greater clarity on which national Scottish bodies should lead and take responsibility for how impartial structured assessment on clearly defined benefits can be routinely included within future digital initiatives.

**Patient and public participation**

Generally patient and public participation in assessment and decision making for NMT is considerably less than that of medicines. Developing clear processes to ensure better patient and public representation in the assessment of NMT has been a key focus for the SHTG. As new processes are developed for digital technologies, ensuring that this patient and public involvement occurs in an appropriate and equitable pattern across NMT is important.

We hope these comments are useful and would be very happy to give further comment if that would be helpful.

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