Attending a Scottish Health Technologies Group meeting

Information for members of the public

This factsheet is for members of the public who have registered to observe a Scottish Health Technologies Group (SHTG) meeting. The SHTG welcomes your attendance at these meetings. We hope it will help you understand how the SHTG works in striving to meet the needs of the people of Scotland in relation to making best use of health technologies within the NHS. The following information may be useful to you so that you know what to expect from the meeting.

About the Scottish Health Technologies Group

The SHTG is part of Healthcare Improvement Scotland. Our role is to provide advice to the NHS in Scotland about the clinical and cost effectiveness of existing and new technologies that are likely to have a significant impact on patient care in Scotland. By health technologies, we mean things like:

- Antimicrobial wound dressings for chronic wounds
- Portable battery operated meters (coagulometers) that allow patients with a range of conditions to undertake home blood sampling and analysis and adjust their medications
- Mitral heart valve repair system to reconstruct damaged mitral valves

We do not review medicines; these are reviewed by our colleagues in the Scottish Medicines Consortium (SMC).

The SHTG committee has around 25 members. Membership consists of key experts from NHS boards across Scotland and a number of national health service groups; also industry and universities. Public partners from Healthcare Improvement Scotland also sit on the committee to ensure the views of the public are taken into account during decision-making. This wide mixture of backgrounds helps ensure decisions are made from a broad perspective.

When we look at health technologies, we consider:

- How well the technology works compared to currently used treatments
- The number and patients likely to benefit from the technology
- How safe the technology is
- How much the technology costs compared to other treatment options

The committee takes decisions by consensus following discussion of the evidence. Our advice statements are published on our website approximately four weeks after each meeting and present the view of the SHTG on the clinical, safety and cost effectiveness evidence for the technology being considered in the context of NHS Scotland. The status of SHTG advice is “required to consider”. This means that when NHS planners and decision makers are considering a piece of technology for use in
their area they should take into account the advice we have given. It is acknowledged that the evidence constitutes only one of the sources needed for decision making and planning in NHSScotland. SHTG advice does not override the individual responsibility of health professionals to make decisions in the exercise of clinical judgement in the circumstances of the individual patient in consultation with the patient and/or guardian or carer.

Our work also includes a horizon scanning function, which helps provide early intelligence to boards on health technologies that are being developed, thus enabling them to better plan resources.

For more detailed information regarding the assessment process please see our website at:


Attending an SHTG meeting

SHTG holds five meetings a year. From July 2016 our meetings are being held in public. This supports our commitment to openness and transparency. We hope that it will help people to understand the way in which we consider evidence before issuing advice outlining whether or not, based on the evidence, SHTG supports adoption of the health technology under consideration in NHSScotland.

There will be space for up to 10 observers to attend each meeting, with a maximum of two people per organisation. If the meeting is oversubscribed, priority will be given to members of the public and patient interest groups, as well as manufacturers of the technology under discussion.

The meeting agenda will be published on the website five working days before the meeting.

When and where are meetings held?

A calendar of future SHTG meeting dates is available on the SHTG website. Meetings are held in the Glasgow offices of Healthcare Improvement Scotland at Delta House, 50 West Nile Street, Glasgow G1 2NP. The meetings run from 2.00–4.30 pm (approximately).

If a meeting is cancelled, or the time and/or location of the meeting changes, details of this will be published on the SHTG website and we will let you know as quickly as possible.

What time should I arrive and do I need to stay for the entire meeting?

Please arrive promptly at 1.45 pm, when a short public observer briefing will take place. If you are not present for the start of the meeting you must wait for an appropriate interval to enter the meeting room. You are expected to stay until the SHTG advice section of the meeting concludes. However, if it is necessary to leave the meeting early please do so quietly.
What will happen when I arrive at the meeting?

On arrival, you will be welcomed by the meeting co-ordinator, who will explain how the meeting will work. The meeting co-ordinator will be your point of contact throughout the afternoon. He or she will deal with any queries you may have.

Will papers be provided for public observers to follow the meeting?

SHTG considers up to four technologies at each meeting. You will be supplied with an information pack containing an agenda and copies of the draft advice for each technology, which has been formulated by the Evidence Review Committee (ERC). ERC is a committee of SHTG which carries out a review of the technology being considered and makes a recommendation to the SHTG committee.

This pack should not be taken from the meeting room and must be returned to the SHTG meeting co-ordinator at the end of the meeting. This is because there may be confidential information contained in the paper work which are not final documents and the detail within them may be subject to revision following the SHTG meeting.

Will refreshments be provided?

Tea, coffee and water will be provided in the designated area for public observers within the meeting room. Please do not bring food into the meeting room.

The following must be followed during the meeting

- All mobile phones, laptops and tablets must be switched off for the duration of the meeting.
- Audio and video recording, photography and the use of social media during the meeting is not allowed. Anyone seen to be recording/broadcasting during a meeting will be asked to leave immediately.
- Food is not allowed within the meeting room.
- Members of the public cannot speak or ask questions during the meeting.
- You should keep your belongings with you at all times in case of an emergency.

Who will be at the meeting?

In addition to the SHTG members, members of the staff involved in running and supporting the meeting will be in attendance. Invited observers may also be present.

What information is assessed at the meeting?

The SHTG meeting is the final part of the SHTG assessment process. For each technology being considered, SHTG members will discuss and consider all of the evidence. This includes: the evidence review product and the views of clinical experts, patient organisations, manufacturers and others submitted during the peer review process. The group will also consider the draft advice and develop this into the final Advice Statement.
How long will the meeting last?

The Chair will outline the agenda for the day at the start of the meeting. The presentation and discussion usually takes around 30 minutes for each technology, however it is difficult to know how long it will take to discuss each technology or when a meeting will end. SHTG meetings are scheduled to run for 2.5 hours. Depending on the volume of business and discussions, meetings may finish slightly earlier or later.

Will I be able to listen to all the discussions?

SHTG is fully committed to holding its meetings in public and we would like as much of the meeting as possible to take place with the public present.

Will the advice be announced at the meeting?

No. SHTG aims to finalise its advice during the meeting. However, on occasion, SHTG members may request to consider the draft advice again. SHTG’s final advice will not be made public until the advice is published on our website. This is because paperwork relating to the meeting does not represent final advice and will be updated following the meeting.

When will the final SHTG advice be published?

SHTG advice is published on the website, approximately 4 weeks after the meeting in which they were finalised. Until that time meeting discussions and drafts are confidential. SHTG advice is then disseminated across NHSScotland.

Can I talk to members of the group?

The role of SHTG members is to make an independent assessment of the evidence. It is very important that no one tries to influence an individual member during the meeting, during breaks or outside the meeting on any topics that are under discussion. If you have any questions the SHTG Meetings Coordinator will be able to help you.

Can I take notes at the meeting?

You may take notes, but the use of laptops or other electronic devices is not allowed during the meeting. Minutes of the meeting will be published on the website once approved by the group.

Can I quote or report what is said at a meeting?

This is a public meeting and what members say can be quoted after the meeting. We rely on a full and frank exchange of views to carry out our work and members of the group will debate the evidence thoroughly. We ask the public to respect that it is important that members are able to speak freely without concern that they may be misquoted or that what they have said is taken and reported out of context.

Can I use social media during the meeting?

Live reporting of meeting proceedings is not allowed as it may carry a significant commercial risk. If you are found to be broadcasting the proceedings via any media you will be asked to leave.
Can I conduct a research study on the meeting and/or SHTG?

If you have registered to attend a meeting, and also wish to conduct a study on the meeting and/or SHTG processes, please contact the meeting co-ordinator. You will need to provide details on the purpose and context of your study, the information you plan to gather during the meeting and this will then be passed to the SHTG Executive Group for consent. You will be informed of SHTG’s decision by email. If it is not possible for you to conduct your research study you will still be able to observe the meeting, however you will not be allowed to conduct any research at the meeting. If you no longer wish to attend the meeting, please inform the meeting co-ordinator as soon as possible to allow your place to be offered to someone else.

What will happen if a public observer tries to disrupt the meeting?

We expect that everyone who comes to a meeting will respect the work of the group and will not cause any disruption. If anyone causes a disruption, the meeting will be stopped and the Chair may insist that the individual leaves before restarting.

What facilities are there to accommodate people with disabilities?

Wheelchair users have direct access to the venue from the street. However, due to the venue’s building regulations set by the fire service, there are limits on the number of people with mobility problems we can accommodate at meetings. If you are a wheelchair user or have walking difficulties, please contact the meeting co-ordinator so we can ensure appropriate support is in place.

The committee meeting room is fitted with an induction loop for people with hearing impairment. Please let us know in advance if you need to use it.

Can children attend meetings?

Children under the age of 16 cannot attend meetings.

Are there regulations for members of the media registering to attend a meeting?

A member of the Healthcare Improvement Scotland communications team will attend meetings when members of the media are present and provide an appropriate briefing. For media enquiries, contact shtg.hcis@nhs.net.

Are there any other categories of observers?

HIS staff, external representatives (eg from NHS boards) or invited guests may attend meetings with the permission of the SHTG Chair.

Do I need to let you know if I am no longer able to attend a meeting I have registered to observe?

Please inform the meeting co-ordinator as soon as possible if you are unable to attend the meeting. There are a limited number of public places available to attend meetings and by sending your apologies with as much notice as possible your place can be given to someone else.
Feedback and evaluation

You will receive a SmartSurvey link following the meeting, asking for your opinions on the experience of observing the SHTG meeting. We encourage you to provide honest feedback to help us review and develop this process.

If you have any other questions regarding attending the SHTG meeting please don’t hesitate to get in touch via shtg.hcis@nhs.net

Commonly used terms explained

Below is a list of terms commonly used during meetings, together with an explanation of what they mean:

Applicant company: A company which submits a technology that it manufactures to SHTG for assessment.

Association of British Healthcare Industries (ABHI): Industry association for the medical technology sector in the UK, championing the benefits and use of safe and effective medical technologies.

Clinical effectiveness: The benefit of using a technology, programme or intervention to address a specific problem under general or routine conditions, rather than under controlled conditions, for example, by a physician in a hospital or by a patient at home.

Cohort study: A study with two or more groups of people (called cohorts) with similar characteristics. One group receives a treatment, is exposed to a risk factor or has a particular symptom and the other group does not. The study follows the two groups and records what happens.

Control Group: The group of people in a study who do not received the treatment or test being studied. Instead, they may receive the usual treatment or placebo. The results for the control group are compared with those of the treatment group to check for any differences. The findings are easier to understand if the control group is as similar as possible to the treatment group so that if there is an effect, it is likely to be due to the treatment.

Cost effectiveness: A form of economic analysis which compares two interventions in terms of both their costs and their effect on patients, to ascertain whether the additional cost of the more expensive intervention gives rise to sufficient additional benefits to warrant the additional cost.

Cost Consequence Analysis (CCA): A form of economic evaluation in which the outcomes (of which a variety of measures are normally presented) are reported separately from costs.

Cost Utility Analysis (CUA): A method of cost-effectiveness analysis that uses the quality adjusted life year (QALYs) as a measure.

Healthcare Improvement Scotland (HIS): A Scottish health body which supports healthcare providers in Scotland to deliver high quality, evidence based, safe, effective
and person-centred care; and to make sure those services provide public assurance about the quality and safety of that care.

**Health technology assessment (HTA):** Examines the safety, clinical effectiveness, cost-effectiveness, organisational implications, social impact, legal and ethical considerations of the application of a health technology which is usually a drug, medical device or clinical/surgical procedure.

**Horizon scanning:** The process of identifying new health technologies or new uses of existing health technologies and estimating their potential impact on patient care.

**Incremental Cost Effectiveness Ratio (ICER):** The difference in costs divided by the difference in benefits.

**Individual Patient Treatment Request (IPTR):** A process by which a patient may receive a health technology or treatment when SHTG has yet to issue advice on the technology or if SHTG has issued an advice statement not supporting use of the health technology.

**The National Institute for Health and Care Excellence (NICE):** Responsible for deciding what medication and treatments should be available on the NHS in England and Wales.

**Orphan condition:** Conditions affecting fewer than 2,500 people in a population of 5 million or a health technology to treat an equivalent size of population irrespective of whether it has designated orphan status.

**Overarching Medicines Technology Group (OMTG):** Makes sure guidance issued by Healthcare Improvement Scotland is consistent and that opportunities for joint working are identified.

**Patient group:** Patient focused organisations which provide comments from patients and carers, and provides this information in the form of a submission of evidence to SHTG regarding a particular health technology under consideration.

**Peer Review:** The critical review of a study by other experts in the area to make sure the study results are accurate and valid. It cannot guarantee that the results of the study will not be flawed (that is, prone to bias).

**Quality Adjusted Life Year (QALY):** A measurement that takes into account how much a treatment both lengthens and improves the quality of a patient’s life. A QALY is calculated mathematically by multiplying the number of additional years of life achieved by a treatment by a measure of the quality of life.

**Rapid Review:** A form of HTA done in a shorter time than the usual HTAs produced by the organisation. It may have a narrower focus than the usual HTA, made possible by restricting the specific question(s) asked in the review.

**Scottish Intercollegiate Guidelines Network (SIGN):** Develops evidence based clinical practice guidelines for NHSScotland.
**Ultra-orphan condition**: A condition with a prevalence of 1 in 50,000 or less (or around 100 people in Scotland).

**Industry User Group Forum (I UGF)**: A subgroup of SHTG for members of the medical technology industry to consider issues related to SHTG processes.

**Additional glossary of terms can be found at the following websites:**
Health Technology Assessment International (HTAi)

European Patients’ Academy on Therapeutic Innovation