NOTE OF THE SCOTTISH HEALTH TECHNOLOGIES GROUP (SHTG) MEETING
HELD ON 29 APRIL 2010, 2 PM – 4 PM IN ATLANTIC QUAY, GLASGOW

Attending

Philip Rutledge  Consultant Public Health and Health Policy, NHS Lothian  
(Chair)
Robert Bell  Public Partner, NHS Quality Improvement Scotland
Margaret Callaghan  Health Researcher, NHS Quality Improvement Scotland
Robert Calderwood  Chief Executive, NHS Greater Glasgow and Clyde
Mark Cook  Health Economics and External Affairs Manager, Medtronic Limited
Carol Davidson  Director of Public Health, NHS Ayrshire and Arran
Sara Davies  Public Health Consultant, Scottish Government
Ali El-Ghorr  Implementation Manager, NHS Quality Improvement Scotland
Heather Knox  Regional Planning Director, West of Scotland
Karen Macpherson  Health Services Researcher, NHS Quality Improvement Scotland
Stella Macpherson  Public Partner, NHS Quality Improvement Scotland
Andrew Marsden  Medical Adviser, National Procurement, NHS National Services
Kieran Murphy  Health Economics and Reimbursement Manager, Johnson and Johnson Medical Ltd.
Susan Myles  Senior Health Economist, NHS Quality Improvement Scotland
Roseanne Urquhart  Head of Health Care Strategy, NHS Highland
Tony Wells  Chief Executive, NHS Tayside
Derek Yuille  Assistant Director of Finance, NHS Ayrshire and Arran
Sarah Hatton  Administrative Officer, Scottish Government

Presenting

Jennifer Armstrong  Senior Medical Officer, Scottish Government
Iain Hunter  General Manager, Scottish Centre for Telehealth

1. Welcome and apologies

Philip Rutledge thanked everyone for coming to the meeting and allowed the group to introduce themselves and state their interest in health technologies. Philip welcomed Margaret and Mark to their first SHTG meeting and asked everyone to announce a declaration of interest if working on a technology or direct comparator of a technology brought to the discussion. Philip noted that he and Sara had agreed that a more formal process managing conflicts of interest would be developed for the future.

Apologies were noted from
James Barbour  Chief Executive, NHS Lothian
Alison Graham  Medical Director, NHS Lanarkshire
Lesley Holdsworth  Head of Health Services Research and Effectiveness, NHS Quality Improvement Scotland
Moray Nairn  Programme Manager, Scottish Intercollegiate Guidelines Network (SIGN)
2. Minute of the last meeting

The minute of the last meeting held on 23 February 2010 was agreed without amendment.

3. Scottish Centre for Telehealth Presentation

Philip introduced Mr Iain Hunter to give his presentation on the Scottish Centre for Telehealth in which he discussed the background and the future of the Scottish Centre for Telehealth. Iain provided information on a technology, where booths use high quality video conferencing equipment to pass information on patient’s health between patient and doctor. A pilot was carried out with Cisco and has now moved to Lothian for the next stage to see if it is viable to the NHS. Telehealth is a small team and works through collaboration with industry and NHS colleagues including NES and NHS 24 and aims to move from small scale pilots to become national. A pilot was carried out in Tayside on patients requiring pulmonary rehabilitation and it was considered successful at saving time, as travel is reduced. Iain described the equipment as unobtrusive, safe, reliable, easy to use and value for money.

Philip thanked Iain for his very helpful presentation and the group were invited to ask questions. In discussion of the funding for the evaluation of the projects, Iain informed that group that evaluation is carried out by a third party, sometimes universities, and this is funded by the Boards. Andrew Marsden asked about procurement and how it is possible to evaluate the need for a national contract. Iain responded by noting that it would be useful to discuss this further. The small scale of the pilots was identified as a problem but they can be used to build up an understanding of what is needed. It was agreed that Iain Hunter and Andrew Marsden would meet to discuss this issue further.

Action: AM / IH

When asked about feedback from patients, Iain discussed patients’ positivity regarding security and time saving, especially in the Islands. A study in Aberdeen found that some patients believed the video enhanced the consultation and was no worse than face to face. It was noted that in these cases, the equipment used was high quality and expensive.

Sara explained how the Scottish Centre for Telehealth had initially contacted Andrew Macleod and herself to ask about being members of SHTG since the Centre’s work involves technologies. After a joint meeting, it was agreed that membership of SHTG would not be the way forward at this time but a presentation to the Group would be very helpful. After today’s presentation and very helpful illumination of the Centre’s work, it was agreed a next step would be to discuss any future developments between the Centre and SHTG /NHS QIS on horizon scanning and choice of technologies for review.

Action: IH / SHTG
4. Met Office review of Healthy Outlook®

Karen Macpherson directed the group to paper 3 which was circulated in advance of the meeting. A brief description was provided on the technology which warns patients of changes in the weather which might affect them. NHS QIS via the SHTG Working Group had been asked by the British Lung Foundation to provide a critique of the MetOffice review of the programme. The critique found the review made claims for the programme which NHS QIS were unable to substantiate from the evidence submitted. The British Lung Foundation have been provided with a copy of the critique from NHS QIS and it was agreed they should have a chance to respond to ensure acceptance. Following this it was agreed the critique should be sent to all Boards.

Action: NHS QIS

5. Briefing Note

Sara Davies directed the group to paper 4 which was circulated in advance of the meeting. She highlighted the recent EU Health Services Research into European Policy and Practice conference where NHS QIS promoted SHTG via posters and discussion. The conference had regarded SHTG as a useful development, and many other European countries are keen to develop ‘buffer’ organisations. NHS QIS has been invited to join EUnetHTA and SHTG endorsed this development warmly as it will offer a chance to share methodologies, highlight the useful work NHS QIS does to support SHTG and learn from others.

Action: NHS QIS

Continuing through the briefing note, Sara asked for opinions on the executive summary of the HTA on topical negative pressure for wounds. This has been an extensive and detailed piece of work by NHS QIS, including synthesis of the available clinical and cost effectiveness evidence and the holding of patient focus groups. Unfortunately there is very limited clinical effectiveness evidence and therefore economic evidence. As the clinical evidence is so limited, the possibility of doing some primary research into an economic evidence base was considered sub-optimal. Sara asked for views on how the report should be taken forward. The discussion in the group was this could be a very helpful report if it clearly stated some parameters (for example in tabular form) as there is confusion about what should be provided and when, and currently there is an extensive resource going into different areas for TNP. It was agreed that the SHTG Working Group would consider the report and once clarified, send to NHS Boards for action.

Action: SHTG WG

6. Evidence-based Report

Karen Macpherson directed the group to paper 5 which was circulated in advance of the meeting. Karen listed the changes which have been made to the latest version of the report in that the NICE MTA for Crohn’s disease will be published now on the 12th May. The group were invited to comment. Carol Davidson noted there is no box for resource impact for bariatric surgery and every other topic has this box. For consistency and clarification it was agreed this box would be put in with a note that this HTA report did not contain a resource impact statement. Kieran Murphy, Health
Economics and Reimbursement Manager, Johnson and Johnson Medical Ltd declared a conflict of interest in this topic and the Chair agreed he could remain but not take part in the discussion.

Action: NHS QIS

7. National Planning Forum Presentation
Dr Jennifer Armstrong gave the group a presentation on the National Planning Forum (NPF) and the paper on its role and remit was circulated. Jennifer noted the three questions that can be used when developing strategy for the public sector are:

- It is substantively valuable?
- Is it legitimate and politically sustainable?
- Is it operationally and administratively feasible?

The NPF has a broad membership and aims to harness the skills and expertise for the Forum but also to form review groups as necessary. Jennifer highlighted the idea of accessing expertise from NHS QIS via SHTG as one she had promoted back in July 2009 on the NPF paper on technologies. NHS QIS’s external evidence reviews to date for NPF have been very helpful. Jennifer described the type of support that would be welcomed from SHTG where for example technologies could be reviewed and the evidence on the clinical and cost effectiveness described as worse/ same/ better than current technology or more evidence required. Ideally information on optimum use and disinvestment opportunities would also be welcomed. Jennifer noted the report of the Difficult Decisions Short Life Working Group has been helpful to the thinking in NPF on how to tackle topics and encouraged others to review the report.

The discussion that followed highlighted great interest in the NPF and how SHTG could be supportive. It was also clarified that SHTG remains interested in disinvestment and will provide evidence where available to support NHS Boards and others in this area. It was noted by Sara that work on pathways and demography requires input from ISD rather than SHTG. The difference with pharmaceuticals was noted in that companies are not required to provide information to SHTG on products but a more streamlined process of choice of topics could be helpful. The involvement through Jennifer of national groups who are providing topics to SHTG, for example NPF, the Scottish Radiotherapy Advisory Group and the National Waiting Times groups was noted and welcomed. Sara noted the Difficult Decisions report will be available on the NHS QIS website after the disinvestment seminar next week. Philip thanked Jennifer for her very timely presentation and interest in the Group and expected that future collaborative work will grow.

Action: SHTG/NPF secretariat

8. Transcatheter Aortic Valve Replacement (TAVI)

Mark Cook, Health Economics and External Affairs Manager for Medtronic Limited, declared a possible conflict of interest in TAVI and on the basis of this was asked by the Chair to leave the room for the discussion on this technology.

The group were directed to a tabled confidential draft report from Andy Briggs based on the work on the coverage with evidence pilot project on TAVI. Due to the length...
of the report and the fact that members had not had the opportunity to read it before
the meeting, it was agreed it was not possible to provide feedback during the
meeting. It was agreed that comments should be sent to Sara Davies and the SHTG
Working Group will review the report, and provide comments to the author. It was
agreed that a summary report from SHTG would be valuable to assist in further
discussions about the potential uptake of this technology. The SHTG would pursue
this further.

Action: All

9. SIGN Update

Ali El-Ghorr gave a brief summary of the SIGN updates. A new section has been
added to the website on implementation. Fewer guidelines will now be produced but
the ones that are produced will be more supportive.

10. NICE Update

Karen Macpherson provided an update on a range of SHTG/NHS QIS and NICE
issues including the plan to continue NHS QIS’s annual meeting with NICE with an
expanded agenda. The current work of NICE on its Medical Technology Advisory
Committee and the Diagnostics Advisory Committee were noted and NHS QIS aims
to continue to make contact with NICE regarding its interest in these developments.
NHS QIS is also involved in the Patient Access Schemes Advisory Group (PASAG) in
case a MTA from NICE is associated with a patient access scheme. Derek noted
again that these schemes are increasing, with many variations, and producing
potential problems for Boards. Sara noted that PASAG is reviewing developments
and she would report back.

11. New Topic Referrals

Karen reported on the 5 topics recently submitted to the SHTG Working Group by
Jennifer and colleagues in the area of radiotherapy. NHS QIS is working to a
timeline of end of June to give a report on the scoping information on these topics.
The SHTG Working Group has also received a request to review a dental
decontamination topic and will review in due course. Robert Calderwood noted that
currently there is variation across Scotland on the implementation with dental
decontamination machinery and activities and cautioned therefore against
comparators within Scotland. Sara noted the request is not about the machinery but
the process after sterilization and that HPS and Health Facilities Scotland had been
involved in setting the topic for a technology assessment.

Action NHS QIS/SHTG WG

12. AOCB

No further business was noted and Philip thanked all for a full meeting which closed
at 4.35pm.

13. Date of next meeting

The next meeting is due to take place on Thursday 29th July 2010 at 2 pm,
Conference Room 2, Victoria Quay.
Draft minutes
Sarah Hatton
Friday 30th April 2010