ANNUAL PUBLIC HEALTH CONFERENCE
Thursday 27 & Friday 28 October 2016
Dunblane Hydro Hotel
Presented by: Karen Macpherson, Lead Health Services Researcher, Healthcare Improvement Scotland
Improving awareness, dissemination and uptake of evidence-based advice on non-medicine technologies in NHSScotland

Hilda Emengo, Karen Macpherson, Susan Myles
Healthcare Improvement Scotland
Medicines advice for NHSScotland

- Scottish Medicines Consortium assesses all newly licensed medicines
- If accepted for use, NHS boards required to consider advice and make the medicine, or an equivalent SMC-accepted medicine, available
- Area Drug and Therapeutic Committee formulary decisions
Advice on other healthcare interventions?

- Devices
- In Vitro Diagnostics
- Medical Imaging
- Psychological and talking therapies
- Surgical procedures
- eHealth
- Organisational and support systems in which healthcare is provided
Advice and guidance on non-medicine technologies (NMTs)

- Scottish Health Technologies Group (SHTG) – produce a range of evidence-based advice products (‘required to consider’)
- NICE - Multiple Technology Assessments (MTAs) (‘required to consider’), Interventional Procedures (IP) guidance (mandatory if procedure is offered)
- No clear ‘landing zones’ for this advice
- NHS board survey of existing assessment and governance structures for non-medicine technologies (132 responses)
  - Less familiar with and less likely to consider guidance from SHTG and NICE MTA/IP guidance than guidance from SMC and SIGN guidelines
  - Understanding of the status of the different guidance was mixed
  - A wide variety of groups were used to consider advice for non-medicine technologies, a number of which were ad hoc
Innovation Partnership Board commission to Healthcare Improvement Scotland

The objectives of the commission were to:

• recommend a model that facilitates the systematic and routine consideration and spread of advice and information on NMTs to cover each NHS board

• make recommendations on the resources and processes required to achieve successful implementation of the agreed model

• ensure the establishment of the agreed model supports integrated health and social care
Draft options for consideration

Option 1: National level group
   1a: a new national group or
   1b: part of an existing national group (e.g., National Planning Forum (NPF), SHTG)

Option 2: Regional level group
   NHS boards come together to form regional groups

Option 3: Local level group or decision-making process
   3a: NHS board-level group
   3b: Extend the remit of already established ADTCs
   3c: Individual structured process and reporting systems but without a formal group created
   3d: Allow boards to select one of three options above

All options to:
• be responsible for receiving recently published evidence-based advice and information
• develop a process for considering priority topics to refer back to SHTG for advice production
• provide information to an agreed body to demonstrate performance
• ensure appropriate specialist representation and representation from industry and patients
Gathering views and information

- Information gathering
  - Literature search
  - ADTC interview
  - Survey of International Network of Health Technology Assessment members
  - Contacts in England, Wales and N. Ireland
- SHTG workshop – swot analysis, ranking of options and rationale for choice
- Three focus groups (representatives nominated by Chief Execs of each board)
- Online survey (154 responses)
- Iterative development and refinement of model options
Findings

• No model available in other countries, but some countries developing processes
• No support for maintaining status quo
• National approaches considered useful to improve coordination and ensure consistency of advice across Scotland; promote involvement of a wider range of stakeholders; facilitate monitoring and evaluation of local adoption
• Local approaches were felt to maintain NHS board autonomy; promote local decision making and ownership; develop local skills and knowledge; and be more likely to result in implementation of advice
Other themes emerging

- **Visibility**: need for the chosen model to have sufficient visibility and standing within NHSScotland
- **Accountability**: support and drive from national structures and policies to implement the agreed model and its accompanying recommendations
- **Clarity**: around the roles and remit of groups, and an understanding that not all NMTs will be assessed by SHTG and NICE
- **Communication**: ensuring mechanisms are put in place to ensure communication between national and local levels
- **Improvement and implementation support**: to help NHS boards successfully implement the agreed model and its final recommendations
- **Transparency**: being committed to an open approach at every stage of the process
- **Impact**: importance of reviewing the contribution of the agreed model in improving the consideration of NMT guidance and safer use of NMTs in NHSScotland
- **Topic selection**: utilising the newly formed structures to improve the identification of high impact topics from NHS boards to SHTG for consideration
Recommendations

1. Each territorial NHS board should ensure access to a Health and Care Technologies Committee (HCTC), which will:
   - have a remit to routinely consider the implementation of advice and information on NMTs
   - include appropriate expertise (from local expert clinical groups dependent upon the technology), knowledge and skill sets (such as health economics, public health and social care skills) to ensure that guidance on the range of NMTs are adequately considered
   - develop a process for recording and collecting data on safety, and
   - develop a process for considering priority NMT topics to refer to SHTG for assessment.

2. A national oversight group should support the HCTCs and:
   - disseminate advice and information on NMTs to HCTCs
   - communicate effectively with each HCTC, the Medicines and Healthcare products Regulatory Agency (MHRA) and the Incident Reporting and Investigation Centre (IRIC) on safety and other NMT related issues
   - ensure implementation of the HCTCs by obtaining feedback from NHS boards on their establishment and development, and
   - provide monitoring, improvement and implementation support to NHS boards.
Recommendations

3. SHTG should take on the role of the national oversight group and its remit should be expanded to cover the proposed role of the national group.

4. NHS boards should identify and dedicate local resources to establish HCTCs. The resources required will vary depending on existing capacity, skills and knowledge.

5. Healthcare Improvement Scotland should identify and dedicate resources to successfully implement the agreed model option and its associated recommendations, and also to provide improvement support.

6. The Innovation Partnership Board with the Scottish Government should encourage NHS boards to reduce the disparity in focus between NMTs and medicines, and provide guidance on how to set up HCTCs.

7. SHTG will report to the IPB and the Scottish Government on the implementation of the recommendations, once the agreed model is accepted.
Current position

• Report with recommendations is currently with the Healthcare Improvement Scotland Board and the Innovation Partnership Board

• A statement of resource requirements and a proposed action plan has also been provided

• More information from: Scottish Health Technologies Group
  Email: shtg.hcis@nhs.net; karen.macpherson@nhs.net