



**National Assembly for Wales Health and Social Care Committee
Inquiry into Access to Medical Technologies in Wales**

Response from the Royal College of Surgeons Professional Affairs Board in Wales

Introduction

1. The Royal College of Surgeons is a professional body that sets the highest possible standards for surgical practice and training in order to deliver safe and high quality patient care.
2. The Royal College of Surgeons Professional Affairs Board in Wales provides a means by which surgeons at the front line can share information, bring concerns to local decision-makers and look for solutions which will lead to better patient outcomes.
3. Our submission considers the current process for the assessment of new or alternative medical technologies and the steps that we believe need to be taken in order to improve the current situation.

Summary of key recommendations to the Committee

- Currently, there is a lack of strategic coordination in commissioning new technologies in Wales. The Royal College of Surgeons would like to see better coordination among Health Boards, WHSSC and Welsh Government and a more joined-up approach for the commissioning of new technologies in Wales in order to contribute to improved outcomes for patients.
- There is a need to improve the transparency of Local Health Boards' level of compliance with NICE technology appraisals. We believe there is merit in Welsh Government taking steps to ensure that Local Health Boards publish their compliance levels.
- There are a number of shortcomings with the IPFR process which need to be addressed.
- Training and educating the current and future workforce is essential to the adoption and diffusion of new techniques and technologies. The Royal College of Surgeons believes that it is important to enable staff to take time for training and education to support the roll-out of new innovations and technologies.

The need for an all Wales strategic approach

4. Currently, there is a lack of strategic coordination in commissioning new technologies in Wales. There is also a lack of clarity and transparency about the formal assessment process under which new technologies are commissioned.
5. A number of different bodies contribute to whether a new medical technology is commissioned in Wales. These include: NICE through its technology appraisals and Interventional Procedural Guidance, the Welsh Health Specialised Services Committee, decisions made by individual Health Boards, and Individual Patient Funding Requests. This ad hoc approach is resulting in a great deal of regional variation in availability and access. Our view is that this current approach is not sustainable and needs to be addressed.
6. For example, sacral nerve stimulation can help control faecal and urinary incontinence by using a small system, surgically placed under the skin, to send mild electrical impulses to a specific nerve via a special medical wire. The therapy is widely available at selected sites in England but is only available on an individual basis in Wales.
7. The Royal College of Surgeons would like to see better coordination among Health Boards, WHSSC and Welsh Government and a more joined-up approach for the commissioning of new technologies in Wales in order to contribute to improved outcomes for patients. We believe there is merit in bringing forward a national all Wales strategic approach to commissioning all new technologies in Wales.



8. In England, the Royal College of Surgeons advocates all Trusts using clinical ethics committees to provide advice and make decisions around any ethical issues arising from the use of new innovations and technologies within hospitals. We believe consideration should be given to establishing similar mechanisms in Local Health Boards in Wales.
9. With expensive and highly technical equipment it is accepted that high patient volumes are needed to ensure expertise in surgeons, nurses, radiologists, pathologists and the dedicated unit overall. For example with the robotic-assisted laparoscopic prostatectomy, the evidence suggests that a minimum of 150 patients per annum are required to ensure the best outcomes for patients¹.
10. Some highly specialised and expensive technologies, such as pseudomyxoma surgery for pseudomyxoma peritonei cancer of the appendix and abdomen, are very rare. Therefore it may not be practicable to commission a service in Wales and consideration should be given to a collaborative approach to commissioning with England.
11. A strategic approach to commissioning new medical technologies would ensure that cost and budgetary constraints were balanced with the clinical effectiveness of any new medical technology, medical staff training and configuration of the medical workforce. It would also ensure that, from a patient perspective, consideration is given to the impact of accessing such services including travelling times and the waiting times for treatment.
12. Improving access to new more advanced equipment and technology in Wales would also facilitate the withdrawal of old and outdated technologies, which may actually be more expensive and less effective clinically.
13. It is worth noting that with budgets in NHS Wales under considerable pressure, a number of surgeons have raised specific concerns about a lack of funding for replacing basic equipment. We believe this is an area which needs to be addressed.

WHSSC

14. Currently the Welsh Health Specialised Services Committee (WHSSC) is responsible for ensuring that population of Wales has fair and equitable access to the full range of specialised services in Wales. We believe that WHSSC must ensure greater clarity and transparency around its processes in commissioning new medical technologies. This must include a review of the current use of the IPFR application process (see below).

NICE guidance

15. NICE develops 'Technology Appraisal Guidance' (TAG), recommendations on the use of new and existing medicines and treatments within the NHS in England and Wales, such as medical devices (such as hearing aids or inhalers), diagnostic techniques and surgical procedures². Such appraisal recommendations are mandated in Wales and should therefore form the basis for commissioning and implementing new medical technologies in Wales.
16. NICE also publishes Intervention Procedural Guidance (IPG) which makes recommendations about whether interventional procedures used for diagnosis or treatment are safe enough and work well enough for routine use³. IPGs are not mandatory in Wales.

¹ Comparative Cost-effectiveness of Robot-assisted and Standard Laparoscopic Prostatectomy as Alternatives to Open Radical Prostatectomy for Treatment of Men with Localised Prostate Cancer: A Health Technology Assessment from the Perspective of the UK National Health Service, European Urology, September 2013, further information available from: [http://www.europeanurology.com/article/S0302-2838\(13\)00223-6/fulltext/comparative-cost-effectiveness-of-robot-assisted-and-standard-laparoscopic-prostatectomy-as-alternatives-to-open-radical-prostatectomy-for-treatment-of-men-with-localised-prostate-cancer-a-health-technology-assessment-from-the-perspective-of-the-uk-national-health-service](http://www.europeanurology.com/article/S0302-2838(13)00223-6/fulltext/comparative-cost-effectiveness-of-robot-assisted-and-standard-laparoscopic-prostatectomy-as-alternatives-to-open-radical-prostatectomy-for-treatment-of-men-with-localised-prostate-cancer-a-health-technology-assessment-from-the-perspective-of-the-uk-national-health-service)

² NICE Technology Appraisal Guidance, further information available from: <http://www.nice.org.uk/guidance/ta/index.jsp>

³ NICE Interventional procedures, further information available from : <http://www.nice.org.uk/guidance/ip/index.jsp>



17. There is a need to improve the transparency of Local Health Boards' level of compliance with NICE technology appraisals. We believe there is merit in Welsh Government taking steps to ensure that Local Health Boards publish their compliance levels.

IPFR

18. Independent Patient Funding Request (IPFR) applications can be made for any type of healthcare in Wales including a service, treatment, medicine, device, or piece of equipment that is not normally provided by the NHS in Wales⁴. Currently, applications to the IPFR are often made to enable patients to access NICE recommended new medical technologies.
19. There are however, a number of shortcomings with the IPFR process which limit its effectiveness in enabling access to new technologies in Wales. WHSCC describes the IPFR as constituting "*the lowest grade and quality of appraisal process currently in Wales. Each Health Board is required to run an IPFR Panel which considered individual cases on the basis of 'exceptionality'. The quality of appraisal varies considerably between Health Board and most Panels operate without robust methods of evidence appraisal.*"⁵
20. We believe that the shortcomings in the IPFR process is an area which needs to be addressed and that any consideration of new technologies under the IPFR should be closely linked to NICE technology appraisals and Interventional Procedural Guidance.

Health Technology Fund

21. The Royal College of Surgeons welcomes the Welsh Government's announcement regarding the establishment of a Health Technology Fund⁶ as a positive step forward to improving investment in innovation and technology in Wales.
22. The award of around £2 million funding from the Fund to enable Wales to offer prostatectomy (the surgical removal of all or part of the prostate gland) by means of keyhole surgery with robotic assistance (the da Vinci[®] Prostatectomy) is an example of the benefits such a scheme can bring.
23. Although funding for the scheme has been ensured to 2015, we would welcome the Fund being put on a sustainable footing to ensure its longevity. We also understand that applications under the second phase of the scheme are limited to care supplied in a community setting which is disappointing as it limits the opportunity to bring forward new surgical developments which could benefit patients.
24. As awareness of the opportunity of the Fund among clinicians is low, we believe that steps need to be taken to improve the profile of the scheme.

Training and educating the future workforce

25. Training and educating the current and future workforce is essential to the adoption and diffusion of new techniques and technologies. Surgery differs from many other medical specialties in that the research and assessment of new innovations often requires the teaching of new manual skills.
26. Nationally commissioned training programmes such as the Welsh Colorectal Laparoscopic training scheme⁷ have proved to be highly effective. The pioneering Colorectal Laparoscopic training scheme trains junior surgeons in keyhole bowel surgery. The programme was supported by the Welsh Government for five years and is run by the Welsh Institute for Minimal Access Therapy (WIMAT). As a result of the Welsh Government's funding for the scheme, access rates in Wales to laparoscopic colorectal surgery are among the highest in the world.

⁴ Further information available from: <http://www.wales.nhs.uk/sitesplus/863/page/55331>

⁵ WHSCC submission to the NAFW Health and Social Care Committee, further information available from: <http://www.senedd.assemblywales.org/documents/s500001650/MT%2036%20-%20Welsh%20Health%20Specialised%20Services%20Committee%20WHSCC.pdf>

⁶ Further information available from: <http://wales.gov.uk/newsroom/healthandsocialcare/2013/130808htf/?lang=en>

⁷ Further information available from: <http://www.walesdeanery.org/index.php/en/wimat-courses/welsh-laparoscopic-colorectal-training-scheme/1108-welsh-laparoscopic-colorectal-training-scheme-course.html>



27. The Royal College of Surgeons believes that it is important to enable staff to take time for training and education to support the roll-out of new innovations and technologies. Furthermore, it is important that Local Health Boards ensure time for Supporting Professional Activities (SPAs) to enable consultants to undertake training and education. If the time available for SPAs in job plans declines, then there could be a negative impact on clinical outcomes.

College's role in medical innovation

28. In 2013, the Royal College of Surgeons established a network of surgical trials units⁸ across the UK. Working with partners, including the National Institute for Health Research, Rosetrees Trust and Cancer Research UK, the aim of the centres is to revolutionise the delivery of surgical care for thousands of patients and ensure that surgical research can be pioneered and effectively developed. The units enable surgeons to learn more about how to deal with a range of conditions, assess new surgical techniques and discover surgical breakthroughs.
29. In partnership with our specialist surgical associations and affiliated charities, we have also appointed 11 national Surgical Specialty Leads with the specific remit to develop new trials, establish clinical networks and to work with their patients to develop and deliver new and innovative trials across the numerous surgical disciplines.
30. Lastly, the initiative facilitates the work of trainee research networks across the country. These networks encourage surgical trainees to collaborate by 'pooling' their patients and creating large-scale surgical trials, which help to gather evidence on existing procedures. The initiative helps to overcome one of the biggest obstacles to surgical trials: recruiting enough patients. It also encourages trainees to engage with research at an early stage of their career and has the potential to change the future research culture within surgery. The success of this in Wales has been shown by the recent £1million grant from the HTA awarded for surgical research into incisional hernias after colorectal cancer surgery.

⁸ Further information available from: <http://www.rcseng.ac.uk/surgeons/research/surgical-research/surgical-clinical-trials>