Minutes

Scottish Health Technologies Group

Date 29 July 2020 13:00-16:30
Venue: MS Teams

Attendance

Council Members

1. **Iain Robertson,** Council Chair, Consultant Interventional Radiologist, NHS GG&C
2. **Neil Smart,** Council Vice-Chair, Consultant Anaesthetist, NHS GG&C
3. **Ed Clifton**, SHTG Unit Head, HIS
4. **Karen MacPherson,** Lead Health Service Researcher, HIS
5. **Ralph Roberts**, Chief Executive, NHS Borders
6. **Lynne Buttercase**, Programme Manager, North of Scotland Planning
7. **Ann Pullar,** Senior Policy Manager – Health Technologies, Planning and Quality Directorate, Scottish Government
8. **Rodolfo Hernandez**, Health Economics Research Unit (HERU), University of Aberdeen
9. **Karen Facey**, Evidence Based Health Policy Consultant
10. **Mark Cook**, Director of Re-imbursement and Government Affairs, Assn. of British Healthcare Industries
11. **Claire Fernie,** Public Partner
12. **Hugh Stewart,** Public Partner

Deputy Council Members

13. **Karen Ritchie,** Deputy Director of Evidence, HIS (Deputy for Council Member Safia Qureshi, Director of Evidence, HIS)

Presenters

14. **Prof. Bob Steele**, Senior research professor - colorectal cancer, University of Dundee.
15. **Prof. Susan Moug**, Consultant Colorectal Surgeon, Royal Alexandra Hospital, Paisley also Honorary Professor, University of Glasgow.
16. **Evan Campbell**, Health Service Researcher, SHTG Team, HIS
17. **Maria Dimitrova**, Health Economist, SHTG Team, HIS

Observers

18. **Angela Timoney,** Chair of SIGN Council
19. **Jenny Harbour Health Service Researcher, SHTG Team, HIS**

Organisers

20. **Tracey MacGann**, Project Officer, SHTG Team, HIS
21. **Jess Kandulu**, Programme Manager, SHTG Team, HIS

Item No	Item	Action

Opening Business

1 **Welcome and opening remarks**
The Chair welcomed members to the meeting. Particular welcome was extended to new members, presenters and observers.

2 Apologies for absence were noted.

The meeting was noted as quorate. Of the 13 SHTG Council members, 13 members or deputies were present. *Quorum is 50% plus one member.*

3 **Declarations of interest**
The Chair confirmed that there were no declarations of interest (DOIs) for this meeting from SHTG Council members. Reference was made to DOIs for peer reviewers and it was noted that there were no significant conflicts. DOIs for experts were reported to council members and it was noted that all questions to the experts should be directed through the Chair.

4 **Updates - SHTG**
The SHTG Unit Head gave a verbal update on the future direction for SHTG, before presenting the new SHTG standing orders and a refresh of the SHTG action plan. Karen Facey asked for clarification on the role of the consultation group mentioned on the organogram and it was clarified that terms of reference will be developed for inclusion in the standing orders. Ralph Roberts queried the governance arrangements for the standing orders and the Chair clarified that governance is through the HIS Quality and Performance Committee.

The Chair described the role and function of the new Council, listed the membership, and outlined the process by which recommendations will reach the council. Karen Facey highlighted that patient submissions are included in the evidence that is used to inform the recommendations.

SHTG Recommendation

5 **Second generation colon capsule endoscopy (CCE-2)**

The topic introducer provided an overview of the topic and directed subsequent discussion.

The health service researcher summarised the evidence-base surrounding CCE-2. The health economist described the costings analysis undertaken as part of the SHTG assessment. Clinical experts provided commentary from their clinical perspective.

Council members discussed the evidence presented and directed questions to the researcher as well as clinical experts via the Chair.

During the discussion, clarification was requested on a number of issues, including: the relative diagnostic accuracy versus optical colonoscopy; the

patient pathway options (where diagrams were noted to be a helpful resource); the cost of optical colonoscopy from an NHS perspective; the nature of adverse events associated with CCE-2; the availability of patient information material to inform shared decision-making.

Council considerations were captured as follows:

- Council noted the additional evidence available since the publication of Evidence Note 86 in 2018.
- The innovative nature of CCE-2 was recognised, alongside a need for people to understand the risks associated with innovation. Clinicians and patients need to be able to make informed choices.
- The Council noted the potential for missed diagnoses across all investigative modalities, and the likelihood of this risk being higher with CCE-2 than optical colonoscopy.
- Concerns relating to the relative accuracy of CCE-2 were raised, but that the risk/benefit ratio would be optimised if the use of CCE-2 was targeted towards those at the lower end of the colorectal cancer risk spectrum.
- The increased requirement for bowel prep with CCE-2 was noted, which is one of the reasons why CCE-2 would not be suitable for frail patients.
- CCE-2 was viewed to be cost inducing, owing the finding that the majority of participants in the SCOTCAP evaluation required further investigative procedures beyond CCE-2.
- The importance of longer-term monitoring costs and outcomes was highlighted, with a view to informing the continued use of CCE-2 in Scotland. A national registry was agreed to be required.
- The Council also reiterated that their role to provide an independent view on the use of health technologies in Scotland, regardless of decisions and initiatives underway elsewhere across Scotland.

In formulating the advice, the council noted:

- Use of CCE-2 should not replace optical colonoscopy but should be available as a diagnostic option.
- Reference to positive faecal immunochemical test (FIT) was sufficient to capture the symptomatic patient group.
- Use of CCE-2 should be targeted at patients at lower risk of colorectal cancer.
- Communication with patients needs to be clear on why they are being offered CCE-2, including discussion around the relative risks (missed diagnoses and adverse events) of all investigative procedures.
- The increased bowel prep for CCE-2 was highlighted.
- Longer term outcome and cost data should be collected to inform subsequent decision-making
- That the COVID-19 pandemic has had a considerable impact on colonoscopy services, and that CCE-2 may offer additional capacity within the service to meet excess demand.

Action: Significant changes to draft recommendations were required following the above discussion. The Chair noted that a redrafted recommendation would be circulated to Council members for their approval and sign-off.

Council business

6 **Annual Review 2019/20**

The SHTG Programme Manager presented a final draft of an annual review for 2019/20. Reference was made to the improvements and developments to SHTG processes and outputs.

7 **Chair's update report**

The Chair noted for the update for information. Thanks was extended to the SHTG team for their work during pandemic times, particularly the way in which expertise has been diverted towards providing evidence support for the COVID-19 response.

8 **Active Risks**

The SHTG Unit Head noted the SHTG risk register is being refreshed in-line with a directorate-wide review.

9 **Updates from SHTG and HIS Evidence**

The Chair drew colleagues' attention to the SHTG Quarterly Bulletin and noted positive feedback on the comprehensiveness of the document.

The Deputy Director of Evidence provided an update on the recent focus for the directorate, including the new work programme and the development of the Evidence strategy.

Closing Business

The SHTG Unit Head informed members that the Scottish Ballet is looking to set up a research committee that the Director of Evidence has been asked to chair. Members were invited to contact Safia directly if they wished to be involved in the research committee.

Date and time of next meeting

Monday 28th September 2020. MS Teams.
(Later re-scheduled to Friday 2 October)

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