Minutes

Scottish Health Technologies Group

Date 2 Oct 2020 13:00-16:30
Venue: MS Teams

Attendance

Council Members

1. **Dr Iain Robertson,** Council Chair, Consultant Interventional Radiologist, NHS GG&C
2. **Dr Neil Smart,** Council Vice-Chair, Consultant Anaesthetist, NHS GG&C
3. **Mr Ed Clifton**, SHTG Unit Head, HIS
4. **Ms Karen MacPherson,** Lead Health Service Researcher, HIS
5. **Dr Rodolfo Hernandez**, Health Economics Research Unit (HERU), University of Aberdeen
6. **Dr Karen Facey**, Evidence Based Health Policy Consultant
7. **Mr Mark Cook**, Director of Re-imbursement and Government Affairs, Assn. of British Healthcare Industries
8. **Mr Colin Marsland,** Director of Finance, NHS Sheltand
9. **Ms Claire Fernie,** HIS Public Partner
10. **Mr Hugh Stewart,** HIS Public Partner
11. **Dr Laura Ryan,** Medical Director, NHS 24

Deputy Council Members

12. **Ms Anncris Roberts,** Acting Unit Head, Safety, Openness and Learning, DHQI, Planning & Quality Scottish Government (Deputy for Council Member Ann Pullar)

Presenters

13. **Mr Alan Kirk**, Consultant Thoracic Surgeon & Director of Medical Education at the Golden Jubilee National Hospital.
14. **Dr Tom Fardon**, Consultant Physician in Respiratory and General Internal Medicine at NHS Tayside, and Honorary Reader with the University of Dundee
15. **Jenny Harbour**, Health Service Researcher, SHTG Team, HIS
16. **Guy Berg**, Health Economist, SHTG Team, HIS

Observers

17. **Joanne Kelly,** Health Service Researcher, SHTG Team, HIS
18. **Julie Calvert**, Health Service Researcher, SHTG Team, HIS
19. **Evan Campbell**, Health Service Researcher, SHTG Team, HIS
20. **James Stewart,** Public Involvement Advisor, SHTG Team HIS
21. **Julian Dunnett**, Director for Global Access, Value and Economics for UK, Ireland and Medtech EU, Intuitive

Organisers

22. **Jess Kandulu,** Programme Manager, SHTG Team, HIS
23. **Tracey MacGann**, Project Officer, 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, 11 members or deputies were present. *Quorum is 50% plus one member.*

3 **Declarations of interest**
The Chair confirmed that there was one personal financial specific declaration of interest (DOIs) for this meeting from an SHTG Council member. This member did not contribute to council discussion for the relevant item. Reference was made to DOIs for peer reviewers and it was noted that there were no conflicts. DOIs for experts were reported to council members, and it was stated that all questions to the experts should be directed through the Chair.

SHTG Recommendation

4 **Endobronchial valves for lung volume reduction in patients with severe emphysema**

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

The health service researcher summarised the evidence-base surrounding endobronchial valves. The health economist described the economics literature. 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 lack of studies involving the Spiration valve, the likelihood of creating a standardised patient pathway, current standard of care (e.g. valve implantation vs surgical lung volume reduction), and the impact of collateral ventilation on outcomes.

Council considerations were captured as follows:

- Council noted that patient criteria for Endobronchial valves is highly selective, and this helps to ensure the effectiveness of the treatment.
- Successful implantation can have a substantial positive impact on a patient's quality of life.
- Increased knowledge and awareness about endobronchial valves is required amongst primary care staff so appropriate referrals can be made via the correct pathways.
- It was acknowledged that the economic evidence presented related only to one make of valve.
- Clinical experts remained uncertain about the 10-year efficacy described in the economic studies related to the technology. Five-year efficacy was deemed to be more valid.

The SHTG recommendations were then formulated and agreed, with the following also noted:

- The Council sought to encourage further cost effectiveness analysis.
- Awareness raising of this procedure is required for general practitioners.
- Defining eligible patients as having "limited life expectancy" was avoided as this is subjective and difficult to define.

Complete

Topic to progress to publication.

SHTG Adaptation

5 **Continuous glucose monitoring (CGM) in pregnant woman with type 1 diabetes**

The topic introducer provided an overview of the new SHTG Adaptation product and the topic.

The health service researcher summarised the evidence-base surrounding the use of CGM in pregnant women with type 1 diabetes.

Council members were invited to discuss both the new process and the evidence presented. Questions were directed to the researcher and topic introducer.

During the discussion, clarification was requested on a number of issues, including: health economist input to original HTA, why the consensus process was clinically driven, the rationale for the adaptation template, the appropriateness of comparator in the original HTA (linked to the incremental benefits of the technology).

Council considerations were captured as follows:

- The lack of evidence comparing flash glucose monitoring with CGM was noted. However, the Council recognized the merits of CGM for the patient population under review.
- Council agreed there were weakness in the data underpinning the original HTA cost modelling, and considered it best to redact some

Council members were requested

	of the specific cost saving claims. - Council noted funding is available for this technology in Scotland, to help facilitate uptake. In ratifying the recommendation for NHSScotland, the Council noted: - The recommendation is underpinned by *clinical* evidence. - Cost savings are driven by a reduction in neo-natal care resource use. - Scottish patient preferences should be incorporated, where possible, into SHTG Adaptations.	to provide comments and feedback on the process for the SHTG adaptation process.

Council business

6 **Chair's update report**

The Chair noted the report for information.

7 **Further Updates**

The Chair informed council members the post-meeting survey would recommence from today.

The SHTG Unit-Head gave the HIS Evidence update focussing on the new process for how the directorate takes on new work. It was asked that council members share the new referral form amongst colleagues and peers.

8 **Active Risks**

The SHTG Unit Head noted the SHTG risk register has now been updated after a directorate-wide review.

Closing Business

The SHTG Unit Head confirmed for council members that plain language summaries are completed for all SHTG products.

The SHTG Recommendation for CCE-2 received positive feedback about the plain language summary. In particular, the inclusion of diagrams to illustrate the clinical impact of diagnostic test accuracy.

Date and time of next meeting

Monday 7th December 2020. MS Teams.

Contact: his.shtg@nhs.scot