

# Minutes

## Scottish Health Technologies Group

**Date** 7 Dec 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 Safia Qureshi**, Director of Evidence, HIS
6. **Dr Rodolfo Hernandez**, Health Economics Research Unit (HERU), University of Aberdeen
7. **Dr Karen Facey**, Evidence Based Health Policy Consultant
8. **Mr Mark Cook**, Director of Re-imburement and Government Affairs, Assn. of British Healthcare Industries
9. **Mr Colin Marsland**, Director of Finance, NHS Sheltand
10. **Mr Ralph Roberts**, Chief Executive, NHS Borders
11. **Ms Claire Fernie**, HIS Public Partner
12. **Mr Hugh Stewart**, HIS Public Partner
13. **Dr Laura Ryan**, Medical Director, NHS 24
14. **Ms Ann Pullar**, Senior Policy Manager – Health Technologies, Planning and Quality Directorate, Scottish Government

### Apologies

15. **Ms Lynne Buttercase**, Programme Manager, North of Scotland Planning

### Presenters

16. **Dr Andrew R Seaton**, Consultant in Infectious Disease and General Medicine, NHS Great Glasgow & Clyde
17. **Ms Fiona Robb**, Antimicrobial Pharmacist, NHS Greater Glasgow and Clyde
18. **Jenny Harbour**, Health Service Researcher, SHTG Team, HIS
19. **Maria Dimitrova**, Health Economist, SHTG Team, HIS
20. **Julie Calvert**, Health Service Researcher, SHTG Team, HIS

### Observers

21. **Shona Cowan**, Administration Officer, SHTG Team, HIS
22. **Janette Hughes**, Director of Planning and Performance, Digital Health & Care Innovation Centre.
23. **Julian Dunnett**, Director for Global Access, Value and Economics for UK, Ireland and Medtech EU, Intuitive
22. **Ali Mehdi**, Consultant Orthopaedic Surgeon, NHS Borders
23. **Catherine Carver**, PhD student, University of Edinburgh

## Organisers

24. **Jess Kandulu**, Programme Manager, SHTG Team, HIS
23. **Tracey MacGann**, Project Officer, SHTG Team, HIS

Item No	Item	Action
<b>Opening Business</b>		
1	<b>Welcome and opening remarks</b> The Chair welcomed members to the meeting. Particular welcome was extended to new members, presenters and observers.	
2	No apologies for absence.  The meeting was noted as quorate. All SHTG Council members were present. <i>Quorum is 50% plus one member.</i>	
3	<b>Declarations of interest</b> The Chair confirmed that there were no interests declared.	
<b>SHTG Recommendation</b>		
4	<b>Outpatient Parenteral Antibiotic Therapy (OPAT)</b>  The topic introducer provided an overview of the topic and directed subsequent discussion.  The health service researcher summarised the evidence-base surrounding OPAT. 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 topic introducer.  During the discussion, clarification was requested on a number of issues, including: the definition of a specialist nurse, the variable size of patient studies, the cost of resources required to support the service, reliance on secondary care to resolve issues stemming from OPAT, and the uneven dispersion of OPAT services across Scotland.  Council considerations were captured as follows: <ul style="list-style-type: none"><li>- Council noted the importance of governance and antimicrobial stewardship, highlighting the British Society for Antimicrobial Chemotherapy's Good Practice Recommendations for OPAT.</li><li>- There is significant financial challenges in maintaining a service like OPAT. The economic model provides an indication of the</li></ul>	

comparative cost of different models of delivery, but does not indicate the cost for individual health boards.

- Variable reporting of the data in the systemic reviews, which made it difficult to assess impact.
- OPAT services need to be flexible and recognise the local context e.g. urban vs rural.
- The use of tele-health or other technology may be an opportunity for enabling the delivery of OPAT services.
- Consider contribution to the Nation Outcomes Registry System (NORS).

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

- The approach to communication with patients must be in line with the principles of realistic medicine and shared decision-making.
- OPAT services reflect the national aim of bringing care closer to home.

Topic to progress to publication.

## SHTG Adaptation

### 5 **gammaCore for the treatment of cluster headache**

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 gammaCore for the treatment of cluster headache.

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 the definition of gammaCore, followed by a request to include it in the draft document.

Council considerations were captured as follows:

- Highlight that the first three months use of the technology is free of cost.
- Ongoing analysis of the cost beyond one year is required.
- Lack of clarity beyond a one-year time horizon.
- Cost is based on a reduction in drug use.
- The Council acknowledged the severity of the impact of the condition on patient's lives.
- There is a need to ensure equity of access to headache services across Scotland.
- gammaCore should be available for a 3-month trial.

In ratifying the recommendation for NHSScotland, the Council noted:

- Make it clear that not everyone with cluster headache should be

treated with gammaCore.

Topic to progress to publication.

## 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 Director of Evidence gave the HIS Evidence update focussing on the continued drive to coordinate how the directorate works, streamlining planning, managing capacity, the new declaration of interest policy, copy editing, topic selection, automation of tasks, support the Covid-19 response, and the long-Covid guideline collaboration with SIGN, NICE and RPCG.

## Closing Business

8

The SHTG Unit Head gave a warm thank you to the Chair, Dr Iain Robertson, on the incredible service and support he has provided to the Scottish Health Technologies Group over the past seven years. Council members wished him well in his retirement.

## Date and time of next meeting

Monday 1 February 2020. MS Teams.

**Contact:** [his.shtg@nhs.scot](mailto:his.shtg@nhs.scot)