

Minutes

Scottish Health Technologies Group

Date 27 July 13:00-16:45

Venue: MS Teams

Attendance

Council Members

1. **Dr Neil Smart**, Council Chair, Consultant Anaesthetist, NHS GG&C
2. **Dr Ali Mehdi**, Council Vice Chair, Consultant Orthopaedic and Trauma Surgeon, NS Borders
3. **Mr Ed Clifton**, SHTG Unit Head, HIS
4. **Mr Simon Watson**, Medical Director, Chief Executives Office (deputising for Dr Safia Qureshi)
5. **Dr Dwayne Boyers**, Research Fellow at HE Research Unit, University of Aberdeen (deputising for Dr Rodolfo Hernandez)
6. **Dr Karen Facey**, Evidence Based Health Policy Consultant
7. **Mr Mark Cook**, Director of Re-imburement and Government Affairs, Assn. of British Healthcare Industries
8. **Mr Colin Marsland**, Director of Finance, NHS Sheltand
9. **Mr Ralph Roberts**, Chief Executive, NHS Borders
10. **Ms Claire Fernie**, HIS Public Partner
11. **Mr Hugh Stewart**, HIS Public Partner
12. **Ms Ann Pullar**, Senior Policy Manager – Health Technologies, Planning and Quality Directorate, Scottish Government (deputising for Katie Hislop)
13. **Dr Laura Ryan**, Executive Director (Medical Director) OOH GP, Scottish Patient Safety Fellow
14. **Ms Joanna Kelly**, Health Service Researcher (deputising for Karen MacPherson)

Apologies

15. **Dr Safia Qureshi, Director of Evidence**
16. **Dr Rodolfo Hernandez**, Health Economics Research Unit (HERU), University of Aberdeen
17. **Karen MacPherson**, Lead Health Service Researcher, HIS
18. **Katie Hislop**, Healthcare Quality and Improvement Directorate, DG Health & Social Care, Scottish Government

Presenters

19. **Julie Calvert**, Health Service Researcher, SHTG Team, HIS
20. **Rohan Deogaonkar**, Senior Health Economist, SHTG Team, HIS
21. **Richard Good**, Consultant Cardiologist,
22. **Jenny Harbour**, Health Service Researcher, SHTG Team, HIS
23. **James Stewart**, Public Involvement Advisor, SHTG Team, HIS
24. **Terry O’Kelly**, Consultant General Surgeon
25. **Dimitrios Damaskos**, Royal College Surgeons of Edinburgh

Observers

26. **Sarah Graham**, Administration Officer, SHTG Team, HIS
27. **Lorna Thompson**, Health Service Researcher, SHTG Team, HIS
28. **Dawn Mahal**, Health Services Researcher, SHTG Team HIS
29. **Mary Ryan**, Director of Innovation, Technology & Regulatory Affairs, Penlon
30. **Kaisa Rahkala**, Account Manager, Zenicor Medical Systems Ltd
31. **Catherine Carver**, PhD student, University of Edinburgh
32. **Guy Berg**, Health Economist, Evidence Directorate, HIS
33. **Angela Crossland**, Market Access Manager, Bladder and Bowel, UK and Ireland

Organisers

34. Jess Kandulu, Programme Manager, SHTG Team, HIS
35. Stuart Waugh, Project Officer, SHTG Team, HIS
36. Shona Cowan, Admin 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 were noted, and deputies were welcomed to the meeting. The meeting was noted as quorate. All SHTG Council members were either present or a deputy was in attendance. <i>Quorum is 50% plus one member.</i>	
3	The minutes of the previous meeting were approved.	
4	Declarations of interest The chair noted a declaration of interest from council member, Claire Fernie relating to hernia mesh. Claire was exempt from joining the closed recommendation discussion for hernia mesh. Mark Cook declared an interest for HeartFlow and hernia mesh and was exempt from both closed discussions during the meeting.	
SHTG Adaptation		
	Heartflow The chair provided an overview of the topic and directed subsequent discussion. The health service researcher summarised the evidence-base surrounding Heartflow. The Heartflow clinical expert provided commentary from their clinical perspective.	

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

Closed session: the recommendations on the use of Heartflow were agreed by the council. The council gave particular consideration to the following:

1. The Council highlighted that access to CT-CA should be the focus to improve diagnosis of CAD across Scotland, and acknowledged the importance of the work by the National Planning Cardiac Imaging Group to ensure equitable access to CT-CA.
2. The Council agreed that the supporting evidence for the use of HeartFlow FFRCT was of limited quality (for example non-randomised, post-hoc studies).
3. The Council noted that ICA carries a risk of adverse events, and recognised the potential opportunity for HeartFlow FFRCT to reduce the need for invasive procedures.
4. The Council recognised the relative cost savings opportunities from HeartFlow FFRCT in island or remote geographies, where the use of the technology may reduce the need for patients to travel long distances for further investigation of chest pain.
5. The Council noted that as HeartFlow FFRCT uses information from the CT-CA scan, it negates the need for the patient to be present for the test.
6. The Council acknowledged that the evidence on this topic is evolving. Scottish HeartFlow FFRCT data should be reviewed once available, particularly in relation to proposed reductions in ICA, which formed the basis of the NICE economic argument.

The agreed recommendations were to be progressed to sign-off and publication.

SHTG Recommendation

5 Hernia Mesh

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

The health service researcher summarised the evidence-base surrounding the use of mesh for hernia repair. The SHTG Public Involvement Advisor summarised the results of the public engagement work carried out as key source of information for the council.

Clinical experts on the use of mesh for hernia repair provided professional commentary.

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

Closed session commenced – the following considerations were raised as the council sought to agree the wording of the SHTG recommendation:

- 1 The Council took into account the range of information and evidence that was gathered as part of the health technology assessment process.
- 2 The Council considered the practicalities involved in offering a non-mesh (suture) hernia operation for patients across NHS Scotland.
- 3 The Council recognised that chronic pain is an important issue for patients.
- 4 The Council noted there may be other relevant adverse effects of mesh, such as inflammatory reactions or meshomas, that were not reported in the secondary literature reviewed. The importance of these known and unknown 'unknowns' should be acknowledged during discussions between patients and clinicians.
- 5 The Council discussed with the clinical experts at the meeting, the risks involved in hernia mesh removal. The clinical experts informed the Council there was a risk of collateral damage to surrounding tissues, such as the bowel, when attempting to remove hernia mesh.
- 6 The Council discussed the generalisability of the key findings from the Cumberlege report ([First do no harm](#)) and the [My Path, My Health, My Life](#) report. Key themes that were felt to be applicable to hernia mesh included having a registry of procedures and outcomes, the importance of keeping patients informed and engaged in their treatment, and open, frank discussions between patients and clinicians as part of a shared decision-making process.
- 7 Council members highlighted the importance of clear and accessible patient information on hernia repair. The national '[It's OK to Ask](#)' campaign - encouraging patients to ask questions of healthcare professionals - was deemed a valuable tool that should be promoted to patients requiring hernia repair.
- 8 Potential equality considerations relating to hernia repair and gender equality, religious or other beliefs affected by biological mesh, and equality of access to treatment, were highlighted to the Council.
- 9 The Council discussed the issue of unrecorded long-term outcomes following hernia mesh repair and stressed the importance of future data capture. The Medicines and Medical

Devices Act 2021 may go some way towards facilitating data collection as part of the UK Medical Device Information System.

- 10 The Council acknowledged that the British Hernia Society were in the process of developing a hernia repair registry in the UK. One of the clinical experts informed the Council that this registry was partly funded by industry.

The chair summarised the discussion to ensure that the final recommendations took into account the considerations above. The updated recommendation will be circulated to council members for agreement prior to sign-off and 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 be circulated after the meeting.

Date and time of next meeting

Monday 4 October 2021. MS Teams.
Monday 6 December 2021. MS Teams

Contact: his.shtg@nhs.scot