

## Minutes - Scottish Health Technologies Group Council

**Date** 11 December 2023 13:00-15:00

**Venue:** MS Teams

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

### Attendance

#### Council Members

1. **Dr Neil Smart**, Council Chair, Consultant Anesthetist, NHS GG&C
2. **Mr Ed Clifton**, SHTG Unit Head, Healthcare Improvement Scotland (HIS)
3. **Dr Julie Calvert**, Lead Health Services Researcher, HIS
4. **Mr Mark Cook**, Director of Re-imbursement and Government Affairs, Assn. of British Healthcare Industries
5. **Mr David Dunkley**, HIS Public Partner
6. **Dr Karen Facey**, Evidence Based Health Policy Consultant
7. **Ms Claire Fernie**, HIS Public Partner
8. **Ms Katie Hislop**, Healthcare Quality and Improvement Directorate, DG Health & Social Care, Scottish Government
9. **Mr Gordon James**, Chief Executive, Golden Jubilee
10. **Dr Fatim Lakha**, Consultant, Public Health Scotland
11. **Mr Colin Marsland**, Director of Finance, NHS Shetland
12. **Mr Jim Miller**, Chief Executive, NHS 24

#### Apologies

- **Dr Rodolfo Hernandez**, Research Fellow at HE Research Unit, University of Aberdeen
- **Dr Safia Qureshi**, Director of Evidence and Digital, HIS
- **Dr Laura Ryan**, Medical Director NHS 24, Scottish Patient Safety Fellow

#### Evidence Review Team Members

- **Dr Claudia Geue**, Lecturer - Health Economics & Health Technology Assessment, Institute of Health & Wellbeing, University of Glasgow
- **Dr Moray Nairn**, Programme Manager, SIGN, HIS
- **Dr Noelle O'Neill**, Senior Public Health Scientist, NHS Highland

#### External Presenters

- **Mr David Thompson**, Head of Innovation Adoption, Chief Scientist (Health) Office

#### Observers

- **Ms Kate Dion**, Public Partner, HIS

#### SHTG Team

- **Mr James Stewart**, Programme Manager, HIS
- **Ms Tammy Nicol**, Senior Project Officer, HIS (Minutes)

Item No	Item
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## 1. **Welcome and opening remarks**

Neil Smart, Council Chair, welcomed everyone to the meeting and noted apologies. Of note: Gordon James, Chief Executive of the Golden Jubilee, was welcome as a replacement for Jim Miller as the Board Chief Executives representative.

Kate Dion, HIS Public Partner, was welcomed as an observer. Kate will be replacing David Dunkley in 2024 when his term comes to an end. The Chair took the opportunity to thank David for his excellent contribution to SHTG's work over the past 8 years in his role as public partner.

The meeting was noted as quorate. (Quorum is 50% plus one member).

Previous minutes were formally accepted.

Action notes from the previous meeting were noted.

The Chair noted that the meeting was a development session and as such was not open to the public. The topic for the development session was 'Value, Impact and Improvement: Evolving SHTG's contribution to the health technology landscape in Scotland'.

### **Chair of SHTG Council – vote on second term**

The Chair informed the Council that his term as Chair is due to end at the end of December. He indicated his wish to continue in the role of Chair for a second term (a further three years).

SHTG members were asked to vote (conducted anonymously via MS Teams) their approval or rejection of the Chair's second term. SHTG Council unanimously voted for the Chair to continue in his role.

Following approval by Council, the Chair's second term will be ratified within HIS via the process set out within the SHTG Standing Orders.

*Action 1: EC to progress approval as set out in SHTG Standing Orders – starting by seeking ratification from Director of Evidence.*

## 2. Value

### **Innovation Adoption in the NHS**



David Thompson  
SHTG Slides - Dec 23.

The Chair invited David Thompson to speak on this topic.

David provided information on the Accelerated National Innovation Adoption (ANIA) pathway. Within ANIA, the Innovation Design Authority (IDA) brings together senior Scottish Government and NHS decision makers. The IDA ensures collective agreement about the innovations which should be prioritised for adoption, as well as system leadership. IDA approval would release national funding to support implementation and also establish innovation adoption as a national priority for all NHS boards.

David set out the ANIA end to end pathway for innovation identification through to adoption. ANIA considers cost and affordability, a detailed delivery plan, milestones, key challenges and how to transition from innovation to business as usual within health boards.

David gave examples relating to the Digital Dermatology and Digital Diabetes projects. He then set out ANIA next steps and priorities for 2024, which included:

- Agreeing and delivering a long term ANIA staffing plan aligned to the new pathway.
- Delivering adoption of approved innovations.
- Taking decisions on:
  - digital heart failure
  - cytosponge
  - pharmacogenetics
  - lung cancer AI
  - diabetes prevention, and
  - colon capsule endoscopy.

Of note, David is seeking SHTG support for horizon scanning. That is, in identifying innovations that are ready for ANIA consideration.

The Chair thanked David for his presentation and invited questions.

The Chair asked about funding including likelihood and timescales. David responded that the ANIA work has been well received to-date, recognising the evidence support that SHTG has provided. Ed Clifton responded to highlight the value for SHTG in supporting ANIA's work, that is, that the ANIA pathway provides a focus or 'home' for the evidence input and that working within a joined up implementation pathway provides an opportunity to overcome some of the longstanding challenges around non-medicine innovation adoption.

Karen Facey suggested that ANIA consider how interventions can be successfully integrated into a system, highlighted the following link <https://www.mindtools.com/ac3k6vj/leavitts-diamond>. Karen highlighted that the technologies being considered within ANIA are very different. Karen asked if consideration was being given during staffing development to bring in someone with systematic analytic experience. David responded that nothing had been rolled out yet, and that this work within ANIA is being led by NES.

Gordon James noted that he sits on the IDA. Gordon clarified that all ANIA Value Cases are considered by Chief Executives prior to IDA. In reviewing Value Cases, Chief Executives and IDA are interested in patient and system value and not just costs.

Claire Fernie noted that it was good to see the inclusion in ANIA plans that implementation of innovations will be subject to reassessment. She asked if there was capacity for this given the expanding role of SHTG. David responded that SHTG was being funded to support ANIA functions.

Claudia Geue asked if there was room for looking at disinvestment. David advised that opportunities for disinvestment would be welcomed as part of the horizon scan / selection of topics.

### **Horizon Scanning**

The Chair invited Ed Clifton to provide further detail on the SHTG's plans to support ANIA horizon scanning.

A quarterly horizon scan report would summarise ANIA-ready innovations which were operational, scalable and had evidence of effect/impact. There would be an initial longlist capturing new and market ready technologies from Scotland, the rest of the UK and worldwide (where feasible). Following review, a shortlist would be developed of around 3-4 'ANIA-ready' innovations. A single page Initial Assessment Report would be produced to support the IDA to take strategic decisions on which innovations to prioritise. This would include:

- a description of the innovation
- the need for the change
- likely benefits from adoption, and
- a link to strategic priorities and Scottish Government policy commitments.

Karen asked what filtering would take place to ensure the longlist was not too long, and specifically whether SG priorities could be used as a filter for the longlist. Ed agreed this would be a valuable criterion for selecting the topics.

David added that thought was being given to what the criteria should be to help develop the longlist into a manageable list. It would hopefully be able to build on existing work, as other parts of the UK had the exact same questions about what technology they should invest in now to make a difference in 12–18 months.

The Chair thanked Ed for his presentation.

#### **Innovative Devices Access Pathway (IDAP)**

The Chair invited Ed to give a presentation on IDAP. IDAP is being delivered in partnership with colleagues across the UK and aimed to provide a new pre-market pathway for innovators. IDAP aims to:

- improve patient access to innovative devices which did not yet have regulatory authorisation in the UK – i.e. much earlier in the pathway than ANIA.
- address unmet needs in the health and care system.
- provide support to technology developers with post-marketing surveillance requirements, further evidence generation for health technology assessment (HTA) and aligning with reimbursement pathways.

The IDAP pilot has funding until March 2025. Ed noted that Scotland (SHTG) is strategically involved in the pilot but is not a funded partner. As such, SHTG has not been able to commit substantial resources to support IDAP day-to-day

Ed outlined that eight technologies will be selected for the IDAP pilot, and that the scoring process will be completed in January 2024.

Karen noted an apparent lack of patient involvement and understanding of patient views of these technologies. James Stewart advised that SHTG had been invited to provide advice on patient and public involvement methods, along with other agencies. To date, eight members of the public had been recruited to consider technologies going through the process.

Mark Cook highlighted the positives of IDAP from a life sciences perspective. He expressed a hope that Scottish companies would be able to benefit from the process.

David noted that his SG policy team would support Scottish engagement and involvement with IDAP.

## **Impact**

### **SHTG Evidence Framework**

The Chair invited Julie Calvert to present SHTG's recently published [evidence framework](#). Julie highlighted that the framework is intended to support stakeholders in their understanding of what constitutes evidence of value for decision makers.

The Chair thanked Julie for her presentation, noting that the framework had been very well received. He invited questions from the group.

Claire Fernie asked if the framework included the need for patient feedback on the technology. Julie confirmed this.

Mark Cook noted that ORCHA was working with NHS England to inform the use of digital technologies, and asked if there had been any collaboration with them. Julie advised that this was challenging as ORCHA was a private organisation focusing on apps, and that SHTG wanted to set out the evidence framework more generally for all technologies. Mark added that collaborations with ORCHA are being discussed in Scotland and that there may be a need to close this discussion loop.

*Action 2: MC to flag ORCHA discussions to JC.*

Karen Facey suggested that the framework should include a separate section on evidence requirements relating to patient and public involvement, so as to reflect SHTG's approach and value to this area of work.

*Action 3: JC to review framework to ensure patient and public input is sufficiently visible.*

### **Scottish Government Policy Perspective**

The Chair invited Katie Hislop to speak to this item. Katie gave a presentation setting out the Scottish Government's role in sponsoring SHTG. Key themes included building connections, relationships and collaboration with relevant policy teams. Of note, SG's health technologies policy team are seeking to disseminate to NHSScotland a document that a) endorses SHTG advice for health boards and b) sets out requirements for boards to consider SHTG advice.

The Chair thanked Katie and invited questions. Katie advised she was happy for the group to get in touch with her by email: [Katie.hislop@gov.scot](mailto:Katie.hislop@gov.scot).

## **4. Improvement**

### **SHTG Standing Orders – update to Council Terms of Reference**

The Chair presented updates to the SHTG Council Terms of Reference. Namely:

- There has been a change in structure under section 1.4. Delivery of SHTG outputs is supported by researchers in the Evidence Research and Information Service (RIS) rather than a separate SHTG team of researchers.
- The Med Tech Forum formerly Chaired by Mark had now been replaced by an Industry Panel.

SHTG Council approved the changes to the Standing Orders.

*Action 4: Standing Orders to be updated on the SHTG website*

### **Working with Council**

The Chair noted that a greater proportion of SHTG advice was provided in the form of Assessments rather than Recommendations. For example, there had been 4 recommendations and 9 assessments in the last year. He asked the group for suggestions on how Council could add across all SHTG's outputs. Options included:

- status quo
- review Assessments as part of the existing peer review process, and
- provide comment on the Assessment key messages i.e. to ensure the messages capture/reflect NHSScotland context.

The Chair flagged to the Council that he would seek to meet with all members over the coming months, and feedback/next steps would be brought back to Council.

*Action 5: The Chair to meet with all SHTG Council members.*

### **Industry Partnership**

Mark Cook spoke to this item. He noted that the Medtech Forum had been helpful in the past, generating tremendous insights, with increased visibility, manufacturer submissions and the creation of an industry guide. As a next step, a focused industry panel would mean less replication between agencies, allowing a more proportionate, pragmatic response.

Mark noted the importance of medical and health technology to the Scottish economy, forming 40% of exports. He observed some opportunities for growth and potential challenges in the current economic and political climate. These included the need to recognise incremental innovations.

The Chair thanked Mark for his ongoing work in leading our industry engagement.

### **HIS Evidence Strategy 2024-26**

5.

Ed spoke to this item, which was currently being presented in draft form. It set out the directorate's purpose – using evidence to improve health and care services for the people of Scotland – and sets out clear goals and objectives towards meeting the purpose. Ed noted that Safia Qureshi, Director of Evidence, had flagged that she would be happy to receive comments and feedback via email.

The Chair highlighted that the Evidence Strategy fits very well with the SHTG strategy.

### **Q&A**

6.

Given time constraints, the Chair asked for discussion of this item to take place by email.

### **Chair's update report**

7.

The Chair provided an update on the work of SHTG.



20231201 Paper E  
Chair's Update Decem

### **SHTG Work programme**

This is available online [here](#).

### **8. Any Other Business**

The Chair thanked those present for their contribution and wished everyone a Merry Christmas and Happy New Year. David Dunkley noted that, in case the February meeting did not take place, he wished to extend his thanks and best wishes to Council.

### **Next Meeting**

26 Feb 2024 (TBC)  
22 April 2024  
17 June 2024  
26 August 2024  
21 October 2024  
16 December 2024