



Achieving QIPP through improved use of technology in the NHS

Medical Technology Group

What is the MTG?

A coalition of patient groups, research charities and medical device manufacturers working to improve patient access to cost effective medical devices for everyone who needs them

Our membership

ABHI, AdvaMed, AMO, AntiCoagulation Europe, ARMA, Arrhythmia Alliance, Arthritis Care, Atrial Fibrillation Association, BD, Bladder and Bowel Foundation, Boston Scientific, British Cardiac Patients Association, C R Bard, Cardiomyopathy Association, Convatec, Dexcom, Eucomed, FABLE, FEmISA, Heart Research UK, ICD Group, INPUT, International Alliance of Patients' Organizations, IST Information and Support, JDRF, Johnson & Johnson, Lindsay Leg Club, Medtronic, National Rheumatoid Arthritis Society, Pelvic Pain Support Network, Roche Diagnostics, SADS UK, St Jude Medical, STARS, Stryker, The Circulation Foundation, The Patients Association, Transplant Support Network, Zimmer.



Medical Technology Group

The MTG believes:

1. Medical Technology gives value for money to the NHS, patients and taxpayers
2. Uptake of medical technology in the UK is not as good as it should be
3. People need more information about medical technologies to help unlock their value

We want:

- **More information for patients** on what technologies are available and appropriate for them, to enable shared decision-making.
- **Training/guidance for clinicians** on the choices of medical technology available and how to use them.
- **Dissemination of guidance and best practice** (location of centres of excellence) that explains the patient and cost benefits of appropriate use of medical technology to those commissioning services (i.e medical technology interventions included within NICE quality standards).
- **Involvement of patients** in commissioning decisions/oversight.
- Top-down systems that **incentivise quality and cost effectiveness** rather than short term cost reduction.

Contact the Secretariat to find out how to get more involved mail@mtg.org.uk

Medical Technology Group

MEDICAL TECHNOLOGY AND INNOVATION

KEY FACTS ON MEDICAL TECHNOLOGY

Medical Technology is vital to British patients and the British economy



FEEDBACK

No QIPping matter

The Department of Health's suggestion to NHS that QIP would mean that costs on the transfer of patients from one care setting to another would have a very damaging impact on patient care is a concern, says a leading industry expert.

Who would be able to treat a patient at half price?

It might be a good idea to encourage, and even promote, flexibility and competition in the health and care system, but it is not clear who would be able to treat a patient at half price.

NEWS

Fear of cuts to NHS medical technology budgets

Healthcare industry leaders are warning of a 'slow-tech' NHS if the government's proposed cuts to medical technology budgets are implemented.

HSJ

NHS must boost use of technology

The NHS must boost its use of technology to improve patient care and reduce costs, according to a leading industry expert.

PharmaTimes



Expert group warns against 'slow-tech' NHS

Panel

- Roswyn Hakesley-Brown, Trustee, The Patients Association
- Dr Phillip Moore, Consultant Cardiologist, West Hertfordshire NHS Trust
- Nishan Sunthares, ABHI
- Dr David Cavan, Consultant Physician, Bournemouth Diabetes and Endocrine Centre

Nishan Sunthares

Commercial and Market Access Manager

ABHI

QIPP & Medical Technologies

Talking Points



- Innovation....doing more with less
- Barriers to innovation adoption
- How to overcome





- Over past 10 years, the NHS has done more
- Recent innovations have supported this:
 - Stents/Drug eluting stents
 - Laparoscopic surgery → natural orifice surgery
 - Diagnostics devices, e.g. blood glucose monitoring
- Now?
 - **More with less**
 - Focus on productivity, quality & outcomes

QIPP & Medical Technologies

Implementation, adoption & diffusion



- How? Plenty of innovations exist:
 - Disruptive
 - Incremental
- Issue: Implementation, adoption and diffusion
- NHS is generally perceived to be a slow innovation adopter in comparison with health care systems in other developed countries.



QIPP & Medical Technologies

Barriers to adoption



- Silo budgeting
- Lack of formal processes/will to decommission/redesign existing services to realise benefits
- Inflexibility of reimbursement processes/tariff
- Technology may reduce caseload and therefore provider income
- Flat budget era: balancing new investment by reducing investment in other areas

QIPP & Medical Technologies

Breaking down barriers



- Business-to-business relationship with industry
 - Knowledge and access to innovations
- Commissioner lead systems and processes
- Need to take a “whole” view
- Joined up healthcare
- Pooled budgets
- Taking the hard investment decisions



- Medical technologies exist to assist achievement of QIPP
- Raising awareness to commissioners and providers
- Business-to-business relationship
- Systematised adoption at pace and scale



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Type 1 diabetes

- The pancreas stops producing insulin
 - Glucose levels rise in the blood
 - Cells are starved of glucose
- Patients need insulin to **stay alive**
- Near-normal blood glucose control **prevents complications** (blindness, renal failure, amputations)

Insulin injections

- Background “long acting” insulin
 - Once or twice a day
- Mealtime “fast acting” insulin
 - Injected before every meal, according to amount of carbohydrate
 - Several times a day

Problems with insulin injections

- Too much = low glucose levels (hypo)
- Too little = high glucose levels
- Once injected, cannot be switched off or delayed
- **Difficult to achieve stable control unless very regular predicable lifestyle**

Insulin pump therapy

- Continuous infusion of fast-acting insulin
 - Insulin infusion rate is pre-programmed
 - Can be manually adjusted or switched off according to glucose levels
- Improves glucose control
 - Reduces hypoglycaemia
 - Reduces anxiety
 - **Improves quality of life**
 - Reduces admissions and paramedic attendances
 - Reduces long term complications
- Reduces healthcare costs

Its not expensive

- Full pump service
 - Pre-pump education programme
 - Pump start and 3 monthly review for first year
 - Twice yearly clinic plus ad-hoc review
 - Staff, pump and consumable costs

= £2600 per year

NICE guidance

- Benchmark rate for pump therapy
 - 12% adults and 33% children under 12
- Average rate for 133 PCTs: 3.9%

Barriers

- “Not currently offered due to capacity issues to undertake this time-consuming intervention”
- “Lack of appetite among clinicians in prescribing pumps”

However

- All Commissioners have a duty to commission appropriate pump provision
 - Look beyond the immediate cost!
- All specialist diabetes services have a duty to provide a pump service
 - By reconfiguring existing service?