

MEDICAL TECHNOLOGY AND INNOVATION

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What is the Medical Technology Group?

The Medical Technology Group (MTG) is a coalition of patient groups, research charities and medical device manufacturers working to improve access to medical technologies for everyone who needs them. Medical technology gives value for money to the NHS, patients and taxpayers but uptake of medical technologies in the UK is not as good as it should be. MTG is interested in a variety of clinical areas but has a common objective in securing patient access to the best diagnostic, imaging, surgical and supported living technology.

For more information and contact details visit www.mtg.org.uk

Staying in Work with a Long-term condition: The value of medical technologies



On the 15th November, the Work Foundation launched a new report, **Adding Value: The Economic and Societal Benefits of Medical Technology**, which was supported by a grant from the Medical Technology Group. Report author **Ksenia Zheltoukhova** discusses the report and why *tried and tested medical devices should be valued beyond the clinical outcomes they're able to deliver.*

As the UK workforce ages and the burden of chronic diseases in the wider population grows, it is clear that access to medical interventions which help people to stay in work will become more important – both economically and socially.

The current schedule of assessment by NICE focuses mainly on the clinical outcomes associated with medical interventions, such as changes in rates of accident and emergency admissions, extended longevity and prolonged health-related quality of life. In the report we argue that such a perspective is very short-sighted as individuals' health status impacts on mid-term and long-term outcomes for households, the healthcare system and wider society.

Workability

One of the factors that is often not assessed

with regard to medical technologies is the extent to which a particular intervention supports individual 'workability' and continued active participation in the labour market. Our research shows very clearly that staying at work or being able to return to work also matters a great deal for a range of other stakeholders, including families, carers, employers, co-workers, and - at the macro level – taxpayers, carrying the burden of social care and welfare. Ultimately, delayed or ineffective intervention leads to skill gaps, early retirement due to disability and poor economic sustainability of the state.

Valuable technologies

Our report considers the impact of three medical technologies: artificial hip and knee replacements, implantable cardioverter defibrillators and insulin pumps, all of which may offer extended societal benefits beyond those currently considered in the health technology assessment (HTA) agenda.

For example, artificial hip/knee replacements prevent disability and allow patients to keep their jobs – 31 per cent of women and 42 per cent of men receiving an artificial hip are of working age. In 2009 approximately 11,000 people in England and Wales were helped to return to work by hip replacement surgery, saving the UK welfare system £37.4 million per year for the remainder of their working lives.

Implantable cardioverter-defibrillators (ICDs) offer crucial advantages by extending lives of people with heart conditions who may be at risk of sudden cardiac death. ICDs can be regarded as an insurance policy for those known to be at high risk, as the device has

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been shown to prevent death from sudden cardiac arrest in 98 per cent of cases. Return to work following implantation of an Implantable Cardioverter Defibrillator (ICD) reduces the burden to the UK welfare system by £4.6million each year. If the number of people given access to ICDs was to match the European rate, the savings would increase to £6.8 million a year.

Insulin pump therapy provides greater lifestyle flexibility (including that of relevance to working life) and reduces risk of diabetes complications through improved control over blood glucose levels. Insulin pumps have been shown to support cognitive development and improved psychological adjustment of young patients, justifying the possibility of early use of the intervention among children. If the number of insulin pump users was brought up by 7 per cent to reach the 12 per cent benchmark set by NICE, additional savings just on consultant visits and hospital admissions would add up to between £37.2 million and £62.5 million per year. With the prevalence of diabetes set to increase by 188 per cent by 2030, it will be important to ensure that people of working age with this condition are supported in their efforts to stay well and to participate fully in the labour market.

Patients

The NHS outcomes framework now includes work as an important clinical outcome of treatment for people with long-term conditions. However, to help people stay in or return to work, appropriate treatment needs to be made more readily available to the individuals who may benefit from it.

One of the other main conclusions of our research is that health technology assessment processes should be permitted to consider the bigger picture of the wider societal value of medical interventions. It is important to view a patient as an individual who plays a role within wider society rather than a voiceless patient subject to clinical procedures, and the health technology assessment process must reflect that approach.

The value of the health and work: All-Party Parliamentary Group drives important message



The first two meetings of the All-Party Parliamentary Group on Improving Patient Access to Medical Technology have now been successfully held in Parliament and both were a resounding success and promoted many of the aims that the Medical Technology Group also endorses.

The first meeting, held on the 21st June, looked at the growing trend towards the limiting of elective procedures such as hip and knee replacements, spinal cord stimulation, bariatric surgery and treatment for hernia on the NHS. With a particular focus on orthopaedic surgery, speakers included Professor Peter Kay of the BOA, Professor Tim Briggs, Medical Director of the Royal National Orthopaedic Hospital, and Ros Meek of the Arthritis and Musculoskeletal Alliance.

Speakers expressed concern at the inclusion of life-enhancing hip and knee replacements appearing the so-called 'Croydon list' of treatments of 'limited clinical value', and warned of the impact of restricting access to such treatments.

At the APPG's second meeting on the 15th November, the new report by the Work Foundation, *Adding Value: The Economic and Societal Benefits of Medical Technology*, was launched.

A committee room in Parliament saw a gathering of politicians and other key stakeholders as speakers reflected on the central tenets of the study, which called

upon the NHS to look beyond just the clinical outcomes of medical devices to the potential savings they could yield with regards to a reduction in benefits payments, an increase in tax payments and tangible efficiencies within the health services in terms reductions in overnight hospital stays, GP visits and emergency admissions.

Speakers included Kieran Murphy of the Medical Technology Group, report author Steve Bevan, Director of the Work Foundation, Dr Imran Rafi, GP and Medical Director of the RCGP Clinical Innovation and Research Centre, and Dr Richard Charles, Emeritus Consultant Cardiologist and ICD expert.

Attendees included stakeholders from NICE, who confirmed that they were looking into including the wider benefits of treatments during their assessment process.

APPG activity will continue to gather momentum in 2012 under the direction of group Chair, Ian Liddell-Grainger MP. The next meeting is expected to be in the Spring.

Listen to the Work Foundation discuss this report on *You & Yours* on **BBC Radio Four** [here](#)

MTG welcomes new DH report – *Innovation, Health and Wealth*

On 5th December 2012 the Government outlined a new boost to the UK life science industry when it launched both its Life Sciences Strategy and a review of Innovation in the NHS. The headlines on the day were:

- Three million at-risk patients to receive hi-tech equipment in the home.
- New £180 million 'valley of death' fund for new medical breakthroughs.
- Cutting NHS red tape to give patients faster access to drugs.
- Government to consult on proposals on a new 'early access scheme' to put new drugs and technologies in NHS hospitals more quickly than ever before, particularly in areas where new treatments are urgently needed, such as brain and lung cancer.

Health Secretary Andrew Lansley, said: *"This shows our ambition to create a world-class NHS that makes the latest and best treatments available to patients"*

The NHS Chief Executive, Sir David Nicholson, said: *"The NHS has a long and proud track record of innovation that has driven major improvements in*

patient care. It is full of talented people with creative ideas but it often takes too long to implement these ideas in the NHS. The challenges the NHS faces to improve quality and productivity in the coming years means spreading best practice fast is not an optional extra, it is an operational necessity.

It represents a call to action for everyone in the NHS to make innovation a central priority"

The Innovation Report, *Innovation, Health & Wealth: Accelerating Adoption & Diffusion in the NHS*, recognised that the UK is particularly slow, relative to other developed economies, in adopting innovative medical technologies. The spread of inventions within the NHS has often been too slow and sometimes even the best of them fail to achieve widespread use.

The important measures included in the report, which the MTG support, include:

- The introduction of a NICE Compliance Regime to reduce variation and assure patients of their access to clinically, cost-effective technologies their doctors believe they need. The report recognises that there is considerable variation in

compliance with NICE recommendations; the MTG have long been calling for better compliance – as evidenced by the MTG "Pump Action" campaign to highlight lack of adherence to NICE recommendations on the provision of insulin pumps.

- The establishment of a NICE Implementation Collaborative (NIC) to support prompt implementation of NICE guidance. The MTG look forward to scrutinising the Concordat that will govern its operation to see exactly what role NIC will play.
- The development and publication of an Innovation Scorecard; the MTG welcome the publication of levels of compliance with NICE Technology Appraisals at a local level. The MTG has always campaigned for more and better information for patients about the availability of technologies, to enable shared decision making and genuine choice.
- The development of a single high quality web portal for innovation in the NHS; the MTG are pleased to note that the portal will be available to the public; it is essential that patients have access to information about innovative technologies.
- The review recognises that silo budgeting can often be a barrier to the adoption and spread of innovation: the MTG welcome proposals for top-down incentives to encourage innovation rather than short-term cost cutting, but these initiatives, such as work on best practice tariffs must be followed through.
- The establishment of a new Specialised Services Commissioning Innovation Fund; this is to be welcomed if it enables suitable patients to have early access to innovative technologies.
- Both the NHS Commissioning Board and the new Clinical Commissioning Groups will be under a legal duty to seek out and adopt best practice and promote innovation. The MTG welcomes this duty but it is widely drafted and must be enforced.

The recommendations in the report now need to be implemented. The MTG will be following the progress closely.

On the publication of the report, Barbara Harpham, Chair of the Medical Technology Group said:

"At last, here is a report that formally recognises that the uptake of medical technology in the UK has not always been as fast or as widespread as it should be. For a long time now we have been calling for better access to tried and tested medical technologies for everyone who needs them. Medical technology can help people return to work, regain their independence and can improve the quality of their everyday life. Timely intervention may also prevent conditions from becoming chronic. We hope this review will herald the start of a new, more dynamic relationship between the NHS and medical technology. The NHS must embrace medical technology and take it up not only earlier, but more consistently.

This report merits careful consideration, but the MTG welcomes the proposals to reduce the variation in take-up of medical technologies recommended by NICE in its Technology Appraisals. Driving up compliance to ensure technologies are adopted without delay is essential for patients. The MTG also welcomes the proposals to give patients and NHS staff better and more easily accessible information about innovations and technologies. We are pleased to see that the new Clinical Commissioning Groups will be under a duty to seek out and adopt best practice and promote innovation.

The NHS must continue to strive to make better use of innovation if it is to make cost savings whilst improving patient care, and coping with an ageing population. There needs to be a new attitude when it comes to making decisions about the commissioning of medical technologies. A lack of innovation and innovative thinking may have let some patients down; we hope this review will be the first step in ensuring the rapid and consistent delivery of appropriate medical technologies to patients".

Launch of MTG Spotlight Campaign for 2011: Uterine Fibroid Embolisation

Uterine fibroids are one of the most common gynaecological problems among women in the UK, with up to 80% of all women developing them and as many as 20% of these needing treatment for them at some stage in their life. Fibroids are benign tumours which usually develop during a woman's reproductive years and most often occur in women between 30 to 50 years old, particularly those of Afro-Caribbean origin.

Fibroids may be associated with debilitating gynaecological problems such as heavy menstrual bleeding (HMB) and pain and may cause infertility and miscarriage. They have traditionally been treated by hysterectomy, myomectomy (surgical removal of the fibroid), or drugs, but a newer minimally invasive treatment, Uterine Fibroid Embolisation (also known as Uterine Artery Embolisation), has been available for over ten years, and has been approved as safe and efficacious by NICE.



Over the summer months the Medical Technology Group conducted a Freedom of Information survey, with backing from FEMISA and Ian Liddell-Grainger MP, Chair of the All Party Parliamentary Group on Patient Access to Medical Technology, to explore the provision of and access to Uterine Fibroid Embolisation (UFE) treatment in England.

The results of this survey served to highlight some of the concerns that both the MTG and FEMISA had about women's ability to access UFE for fibroids. Even with a limited response to our FOI request, the responses still suggested the following:

- A significant variation among the PCTs and Acute Trusts who responded in the numbers of woman undergoing UFE as a treatment for fibroids.
- In a number of PCT areas in England UFE is not being routinely commissioned for women.

- In The Heart of England NHS Trust, 61% of women who received in-patient fibroid treatment had UFE. This compares with an average of 10% of women having in-patient fibroid treatment being treated with UFE, and 61% receiving abdominal hysterectomy across those trusts that provided data.

In addition to the FOI being carried out, MTG patient group FEMISA carried out a patient survey which highlighted the following:

- That many women did not feel that they had been given enough information about treatment choices or options for their fibroids from their GP or gynaecologist.

Based on these results, the MTG and FEMISA worked together on a report, **yoUr First choicE – the provision of and access to UFE**, which was endorsed by David Kessel, President of the British Society of Interventional Radiology, and launched – along with the campaign – in Parliament at the Medical Technology Showcase. In the build up to the launch Ginette Camps-Walsh, Co-ordinator for FEMISA (Fibroid Embolisation: Information, Support, Advice), also appeared on *Women's Hour* on BBC Radio 4 to help publicise the campaign and draw attention to this important issue.

The report made several recommendations to improve access to UFE treatment, including:

- Calling for women to be given routine access throughout England to UFE treatment in accordance with NICE clinical guidelines. We want Clinical Commissioning Groups to be supported to commission services appropriately so that women in their area have access to the full range of treatments for fibroids (when clinically appropriate).
- The new NHS Commissioning Board should issue full and comprehensive commissioning guidance to clinical commissioning groups to ensure these clinical commissioning groups are guided to commission all treatment options according to NICE clinical guidelines, and putting an end to regional variation in access.
- Women should routinely be given high quality information about their treatment options both by their GP and by specialist clinicians. GPs need to keep themselves up to date to be able to advise their patients and commission care in the future.

The MTG have already engaged with a number of politicians to raise awareness of the Report. As the campaign is on-going, the MTG and FEMISA will continue to promote the report and to question whether women are being offered proper choice of treatment options for fibroids.

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SEND the Needlestick Injuries Away!



What are needlestick injuries?

Needlestick injuries are wounds caused by needles that accidentally puncture the skin. Needlestick injuries are a hazard for people who work with hypodermic syringes and other needle equipment. These injuries can occur at any time when people use, disassemble, or dispose of needles. When not disposed of properly, needles can become concealed in linen or waste and injure other workers who encounter them unexpectedly. Needlestick injuries transmit infectious diseases, especially blood-borne viruses. (Ref: www.ccohs.ca)

Dr Debra Adams, Nurse Consultant on Infection Prevention and Control at Mid Staffordshire NHS Foundation Trust, writes...

In the UK, current legislation associated with ensuring Safety Engineered Needle Devices (SENDs) are provided for use is non-binding but, it can be seen from several legal claims, that the current legislation is still enforcing best practice.

In 2004, in the case of Skinner versus the Scottish Ambulance Service the Court took the view that the NHS refusal to introduce SEND on cost grounds alone was a breach of employment and safety laws. In 2010, The Worcestershire Acute Hospitals NHS Trust was fined £12,500 and ordered to pay £9,000 costs following an incident where a healthcare worker contracted Hepatitis C in 2007 from a needlestick injury.

Nevertheless, until European legislation is adopted into our national legislation **on the 11th May 2013**, alternative devices (as opposed to SENDs) carrying risks for healthcare workers may continue to be used.

There is currently no co-ordinated national surveillance program in the UK to monitor NSI. However, in a recent survey it was estimated that 48% of nurses had received a needlestick injury at one time or another. The risk of acquiring a blood-borne virus from an infected patient via an inoculation injury may be as high as 1 in 3 for hepatitis B (when the source patient is 'e' antigen positive), 1 in 30 for hepatitis C and 1 in 300 for HIV.

Several studies have demonstrated an associated reduced risk of needlestick injuries following the implementation of SENDs. Adams and Elliott (2006) undertook a four-year study to evaluate the effect of the introduction of a range of safety hypodermic SENDs on the number of reported needlestick injury in a large acute teaching hospital. Following an enhanced sharps awareness strategy in 2002, the number of needlestick injuries reduced by 18%. In 2003, when only standard training was provided, the number of needlestick injuries increased to 20/100 000 devices. However, the subsequent introduction of three SEND (SafetyGlide™ needle range; BD) with concomitant training resulted in a significant reduction in the number of reported needlestick injuries by 70% in 2004.

A multi-faceted approach is required to protect healthcare workers from needlestick injuries:

- Education of all healthcare workers regarding the safe handling and disposal of sharps
- Mandatory national reporting of needlestick injuries
- Policies and procedures based around best practice
- Introduction of appropriate SENDs following robust evaluations and appropriate training.

With the forthcoming introduction of the new EU Directive into national legislation, healthcare establishments in the UK must ensure that sharp safety is a priority in their organisations.