

MEDICAL TECHNOLOGY AND INNOVATION

The Bulletin of the Medical Technology Group

Issue 18 • November 2008

In this issue:

MTG take to the road for the Party Conferences 1

Access to medical technology in the post-Darzi NHS: Commissioning will be key 2

MTG feeds in to policymaking 3

Part IX Consultation: The Final Countdown... 3

Technology Showcase: Spinal Cord Stimulators 4

What is the Medical Technology Group?

MTG is a coalition of patient groups and research charities, as well as developers and manufacturers of medical technologies. With a wide range of members — from Arthritis Care and Heart Research UK to international companies such as Boston Scientific and Medtronic — MTG is interested in a variety of clinical areas yet has a common objective in securing patient access to the best diagnostic, imaging, surgical and supported living technology.

MTG take to the road for the Party Conferences

MPs, delegates and many other conference-goers were offered an opportunity to keep up-to-date with MTG's work and the major issues effecting medical technology at all three Party Conferences. Because we were exhibiting in the Health Zone, MPs and Peers found it easy to come and find out more about the latest technologies – and the barriers which can prevent these benefits being translated into better patient care.



Liberal Democrats

In Bournemouth, MTG offered delegates the chance to experience the symptoms of osteoarthritis by donning a pair of simulator gloves – not a pleasant experience, but a great way to gain an insight into the physical effects of the condition. Norman Lamb MP, Sandra Gidley MP and Evan Harris MP all tried the gloves on and were struck by how debilitating OA can be. They also heard about the factors hindering patient access to appropriate treatment with medical technologies. Jenny Willott MP, Shadow Work and Pensions Secretary, was interested to hear about the benefits that medical technologies can deliver beyond the health system.



Norman Lamb MP, Liberal Democrat Health Secretary, talking with MTG representatives



Labour

The following weekend MTG was exhibiting in Manchester. This time MTG member Heart Research UK drew large queues by offering healthy heart checks. Just as in Bournemouth, high profile parliamentarians seized the opportunity to find out more about MTG: Health Secretary Alan Johnson and Minister Ann Keen came along to learn more about our recent work, and, no doubt, to check their own hearts were in good working order. MTG supporters Ian Gibson MP and John Grogan MP also came to speak to us.



Secretary of State for Health Alan Johnson MP at the MTG stand in Manchester



Conservatives

Another city, but the same result: the MTG stand attracted the key health decision-makers. Shadow Health Secretary Andrew Lansley MP and Shadow Health Ministers Mike Penning MP, Stephen O'Brien MP and Anne Milton MP all left the stand knowing more about diabetes management and orthopaedic joint replacement. We had useful discussions With Philip Hammond, Shadow Chief Secretary to the Treasury, about the cost savings and benefits of medical technologies.



Andrew Lansley MP, Conservative Health Secretary, learning about osteoarthritis

Access to medical technology in the post-Darzi NHS:

Commissioning will be key

NHS
Supply
Chain

Collaborative
Procurement
Hubs

Primary
Care
Trusts

(PCTs)

Strategic
Health
Authorities

(SHAs)

NHS
Trusts

Foundation
Trusts

Private
Sector
Providers

The NHS Next Stage Review, led by Lord Darzi, culminated in June 2008 with the publication of High Quality Care for All. As highlighted in Issue 17 of the MTG Bulletin, Lord Darzi wants innovation to be central to the NHS. The DH is already working with industry to explore ways to simplify the pathway by which medical technologies pass from development into wider use, and to define ways to benchmark and monitor uptake.

The Darzi Review also prompted discussions between the DH and the medical device industry on procurement. One of the major hurdles standing in the way of innovation is the focus on price rather than value for the NHS and the wider economy.

Procurement in healthcare now involves a series of overlapping stakeholders. With an increasing localisation and integration of health and social services, the number of organisations with a stake in procurement is already high and could increase considerably. At the moment it includes:

- NHS Supply Chain
- Collaborative Procurement Hubs
- Primary Care Trusts (PCTs)
- Strategic Health Authorities (SHAs)
- NHS Trusts
- Foundation Trusts
- Private sector providers

The NHS drive for 'world class commissioning' should support a move to procurement in terms of patient outcomes, and lay the foundations for 'intelligent procurement'. Whilst it has so far largely been separate from clinical planning, we should in future expect to see procurement linked to both the vision and plans for improving patient outcomes. Encouragingly,

this kind of thinking is beginning to inform NHS activity in some parts of England.

So, how would this work?

The process could begin with the deep involvement of both clinicians and patients in the development of the best clinical pathways, relevant to their local health economy. Once the services are defined, the NHS would enter into partnerships with technology suppliers to deliver solutions. This is both about providing safe, high quality equipment as well as aligning logistical and technical support to ensure the best patient care.

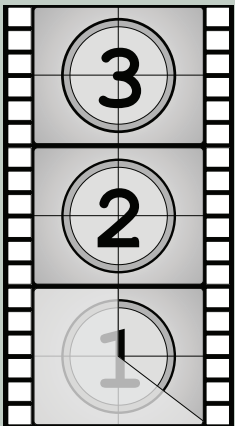
One of the major hurdles standing in the way of innovation is the focus on price rather than value for the NHS and the wider economy.

Whilst the NHS has historically been supportive of innovation, it is less fertile ground for the adoption of new technology; this has been recognised by the Health Innovation Council in its work to support Lord Darzi's review. One example

of this is in the field of chronic pain. Spinal Cord Stimulators (SCS) (see page 4) have recently been approved by NICE for the treatment of chronic pain.

This is excellent news for patients, clinicians and the NHS as a whole; but it will be a test for the Health Service. Commissioners and procurers will need to work with clinicians and patients to redesign care pathways which allow improved access to SCS. The guidance itself advises procurers that price must not be the only criterion in decision-making: patient needs, clinical judgement, features of the device and support provided must come first, so the decision is made on overall value. If the NHS fails to implement the guidance, patients might have to survive with suboptimal treatment for chronic pain and continue to draw on NHS resources that could be better utilised elsewhere.

Part IX Consultation: The Final Countdown...



After SEVEN successive consultations it now seems that common ground can be reached on the product pricing and remuneration for service in Part IX of the Drug Tariff (Stoma and Incontinence).

The ongoing review, much discussion and several Health Ministers later, brings us with baited breath to the week of the 8th December, when we are promised the latest Minister, Phil Hope MP, will provide the summary of responses and the future direction for patients and industry.

One of the remaining concerns focuses on the application of Appliance Use Reviews (AURs). The current provision of this service is to be widened from DAC Nurses to include pharmacists. Stoma and continence care are highly technical and emotional areas that demand a great deal of training and experience; it is therefore essential that pharmacists meet minimum competencies before they are able to conduct AURs.

Judy Birch

Volunteer Chief Executive of the Pelvic Pain Support Network, describes her life with chronic pain and how commissioning can affect patients' lives:

I have suffered from severe chronic pelvic pain since my teens. For many years it affected me on and off, for around 50 days a year. I self-managed the pain and carried on my daily activities knowing the pain would ease. Twelve years ago the pain became constant, even after the surgical removal of overlooked advanced disease. I was unable to sit or stand, to function physically or to concentrate and spent many years lying down.

Adhesions and nerve damage had been observed during surgery. The way services were organised and the lack of priority given to chronic pain meant that I fell through the gaps and did not tick the policymakers' boxes. I was aware of spinal cord stimulation and a pain specialist in Europe felt that it would benefit me. My GP was supportive. I requested a referral to Guy's but this was turned down by the PCT.

At this point psychological counselling was suggested by a pain specialist who had never met me and who had little information about me. In fact, I had seen a clinical psychologist locally many years previously and another in London some time later. The latter agreed that I was doing everything possible to cope with my pain.

Patients with personal experience of services that have failed to address their needs should work with commissioners and clinicians to redesign care pathways. Only then will we have services that meet patients' needs and offer them choice.



MTG feeds in to policymaking

Recently, the MTG has actively engaged with policy makers in two specific areas; patient safety and the NHS Constitution.

The Group felt it was vital to offer a medical technology perspective to the Health Select Committee inquiry on Patient Safety, to highlight where devices can reduce the dangers of certain treatments. Minimally invasive procedures are a good example: they reduce the risk of complications and infection. Proper training is key to maintaining the safety of patients who are treated using new medical devices; Government has a part to play here by endorsing it as a national priority. Manufacturers are increasingly facilitating product education and the MTG urge Government to consider this when evaluating the cost of devices.

The alternative may be for Government to fund a more widespread professional development and training programme for healthcare professionals on the use of new technologies.

In submitting evidence to the DH consultation on the NHS Constitution, MTG felt it important to ensure that certain rights were established in legislation. In particular the Group's response highlighted the right of patients to have access to the treatments which are most effective for them. Access can be limited where PCTs do not make available technologies that have been approved by NICE. In order to satisfy a patient's right to receive appropriate and effective treatment, the Government needs to ensure that NICE approves technologies, and PCTs offer them to patients.

**Medical Technology
Group members**

- [AdvaMed](#)
- [Advanced Medical Optics](#)
- [AntiCoagulation Europe](#)
- [Arrhythmia Alliance](#)
- [Arthritis Care](#)
- [Association of British
Healthcare Industries](#)
- [Becton, Dickinson and
Company](#)
- [Bladder and Bowel Foundation](#)
- [Boston Scientific](#)
- [British Cardiac Patients'
Association](#)
- [British Vascular Foundation](#)
- [Cardiomyopathy Association](#)
- [Circulation Foundation](#)
- [ConvaTec](#)
- [CR Bard](#)
- [Eucomed](#)
- [Grown-up Congenital Heart
Patients Association](#)
- [Heart Research UK](#)
- [ICD Patient and Family
Support Group](#)
- [Inappropriate Sinus
Tachycardia \(IST\) Info and
Support](#)
- [InContact](#)
- [International Alliance of
Patient's Organizations](#)
- [INPUT](#)
- [Johnson & Johnson](#)
- [The Lindsay Leg Club
Foundation](#)
- [Medtronic](#)
- [National Heart Forum](#)
- [National Rheumatoid Arthritis
Society](#)
- [The Patients Association](#)
- [Pelvic Pain Support Network](#)
- [Roche Diagnostics](#)
- [SADS UK](#)
- [St Jude Medical](#)
- [STARS](#)
- [Stryker](#)
- [Transplant Support Network](#)
- [Zimmer](#)

The Editorial Board

- Ellie Lindsay**, The Lindsay Leg Club Foundation
- Dan Jones**, Association of British Healthcare Industries
- Judy Birch**, Pelvic Pain Support Network
- Nathalie Verin**, Boston Scientific
- Paul Saunders**, ConvaTec
- Sandra Lawrence**, Stryker
- Tom Gentry**, Arthritis Care
- Sandy Biggar**, Weber Shandwick

TECHNOLOGY SHOWCASE:

Spinal Cord Stimulators

Spinal Cord Stimulators approved by NICE

In October this year, NICE recommended Spinal Cord Stimulators (SCS) as a treatment option for adults with chronic pain of neuropathic origin (see box), for whom conventional medical management has been ineffective. NICE concluded that SCS offer a more effective treatment for reducing pain than conventional medical management and should be considered a "cost-effective use of NHS resources".

What is neuropathic pain?

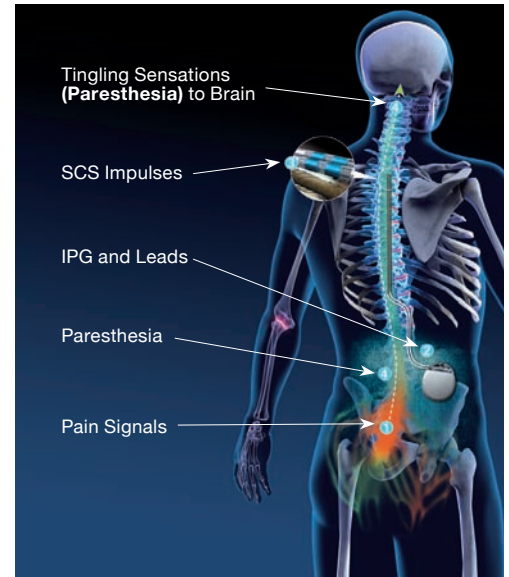
Neuropathic pain is caused by damage or dysfunction in the nervous system. It is a very complex condition and is associated with many aetiologically heterogeneous conditions. The most common ones are: Failed Back Surgery Syndrome, a general term used to describe persistent low back pain and leg pain in patients who have had back or spine surgery; and Complex Regional Pain Syndrome, a condition that appears on the distal aspect of a limb, usually after an injury, which may even be minor in nature.

How does it work?

A typical SCS system has four components:

- an implantable pulse generator (IPG): this is the power source for the SCS and is surgically implanted under the skin in the abdomen.
- electrodes which are implanted into the epidural space near the spinal cord
- an extension lead that connects the electrodes to the pulse generator
- a hand-held remote control which the patient uses to control the level of stimulation

Treatment with SCS is usually only considered after standard treatments – including pharmacological, non-pharmacological and surgical – have failed or become ineffective. SCS modify



the perception of neuropathic pain by stimulating the dorsal column of the spinal cord. The treatment is minimally invasive and reversible. New generation IPGs are rechargeable, which reduces the number of replacement procedures and improves the patient's quality of life.

Barriers to access

The main barrier for SCS treatment is the lack of referral from gate-keeping physicians (GPs or pain specialists). Funding for SCS is also a prominent barrier for patients trying to access the treatment. Under the tariff system, SCS has been excluded as its costs were not reflected in the relevant healthcare resource groups. There are no specific budgetary arrangements for devices that are excluded from Payment by Results, and therefore PCTs must find additional money to fund the use of these devices.

What will change?

NICE's decision is excellent news for patients and for the NHS as a whole. SCS are a cost-effective use of NHS resources and can create savings in other areas of the NHS as patients reduce their reliance on medication and their consultations with GPs and pain specialists.

However, it takes much longer to implement NICE Guidance for medical devices than for drugs, because they are more complex, usually requiring changes in the pathways of care, medical professionals training, and more efforts to 'make it happen'. Effective monitoring of the implementation of this guidance is essential and will help to ensure that SCS therapy is delivered to eligible patients in need. The MTG calls upon PCTs, SHAs and other stakeholders to actively seek implementation of this NICE Guidance.