

Good Questions

Issue 36

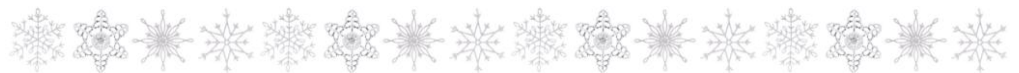
December 2009



Merry Christmas and a Happy New Year

to all our readers, clients and collaborators

from everyone at AHP Research



Health technology assessment: what challenges lie ahead?

The budget of Britain's Health Technology Assessment (HTA) programme has grown from £13m in 2006 to £88m in 2010¹. Many innovative trials have been funded and an arsenal of influential publications has resulted. The HTA has recently celebrated the publication of a landmark 500th edition² of the internationally recognised journal, *Health Technology Assessment*. But funding is not a panacea for all problems. So, what challenges does HTA face and what can it improve upon over the coming years? These were the questions addressed by this year's HTA conference (held at the Royal College of Physicians, London on 10th November), which attracted over 230 delegates.

The conference was chaired by Dr Richard Smith, Director of the United Health Chronic Disease Initiative and renowned former editor of the *British Medical Journal*. At the end of the conference, Dr Smith challenged all delegates to reflect on the day and consider our 'take home' messages; his are published in his BMJ blog¹. These are mine.

Sir Liam Donaldson, Chief Medical Officer for England, delivered the keynote speech, during which he spoke about the diffusion of innovation. The challenges, he said, lie in the reluctance of people to adopt something they have not thought of themselves, a so-called NI-IMBY ('not invented in my back yard') attitude. People will adopt a new

surgical procedure or treatment from elsewhere but are less willing to adopt a new model of care or service delivery. Innovators are persuaded by reading about new ideas but laggards don't trust what they read; they need to speak to many people and experience it for themselves. Thus, according to Sir Liam Donaldson, the challenges lie in four areas:

- * Funding
- * Patient / public engagement
- * NHS buy-in
- * Dissemination

These challenges are inter-linked and somewhat circular. Dissemination is not just concerned with publishing results in high impact peer-reviewed journals; it is about ensuring that those who need to know about the new evidence are informed and persuaded to change their practice accordingly. The innovation pathway includes not only invention and evaluation but, often forgotten, adoption and diffusion. Without NHS buy-in and patient / public engagement, we cannot expect full adoption and diffusion of innovations. Funding increases when research is seen to be value for money, i.e. it results in improvements to clinical practice and health outcomes.

... continued on page 2

In this issue:

Health technology assessment: what challenges lie ahead?	1
In the news	3
It's a Christmas Cracker!	4
Making the headlines	4
Health awareness – dates for your diary	4
Forthcoming events	4

...because good questions outrank easy answers...



Health technology assessment: what challenges lie ahead?

... continued from page 1



"Innovators are persuaded by reading about new ideas. Laggards need to experience it for themselves"

Professor Tom Walley CBE discussed the recent achievements of the HTA programme and the challenges for research in the future. The huge increase in funding (to the 2010 level of £88m) is a direct result of the 2006 *Best Research for Best Health*³ report. HTA funds are used to support commissioned projects (four rounds per year), traditional grant applications and NICE guidance appraisals. Commissioned projects are those where the topic is set by one of the six HTA panels; thus, the importance of the topic is already established and the crucial issue with regard to funding is to ensure the quality of the research. The average cost of a clinical trial has more than doubled in the past five years (from £800k in 2004 to £1.8m in 2009), due in part to an increase in the size and quality of trials and in part to the effect of full economic costing (FEC). With increased funding comes new responsibilities and challenges:

- * To deliver world-class research
- * To offer value for money
- * To ensure scientific rigour, relevance and timeliness
- * To improve knowledge transfer, demonstrating benefits to patients and/or to the NHS

The ensuing facilitated discussion was very interactive during which delegates raised questions ranging from how to measure the true impact of innovations to difficulties with research governance and gaining ethical approval. How is value for money assessed in relation to proposals? The panel offered various suggestions: it can refer to the average cost per patient included in the trial, to the value in terms of the importance and relevance of the research question. It is not absolute but a relative judgement between proposals. The question of the benefits of

patient and public involvement was also raised. Some indicated that such representation needs to be viewed with caution (patient representatives often bring only their own experience / agenda to the table), but others noted the positive aspects; that research is more likely to be relevant and important and that research findings are more likely to be implemented. Do we need studies of acceptability of interventions (i.e. patient experience)? Yes, because they show the extent to which the findings can be implemented.

In the afternoon, three parallel sessions focused on (i) new and increased opportunities available for HTA funding, (ii) the support available from NIHR frameworks and research networks, and (iii) advice on lessons learnt from projects from members of HTA-funded research teams.

The day was brought to a close by Professor Jon Nicholl who spoke about the attributes of a successful funding application. He highlighted and reflected on the lack of innovative trial designs and the need for pragmatic trials to demonstrate whether or not the innovation works in the real world. In conclusion, what guarantees a successful application? As we all suspected – a really great acronym for your study!

References

1. Smith R. Richard Smith on assessing health technology assessment, 11 November 2009. <http://blogs.bmj.com>.
2. Kitchener et al. ARTISTIC: a randomised trial of human papillomavirus (HPV) testing in primary cervical screening. *Health Technol Assess* 2009; **13**(51):1–150. <http://www.hta.ac.uk/project/1162.asp>
3. Department of Health. *Best research for best health: a new national health research strategy*. Department of Health: London.

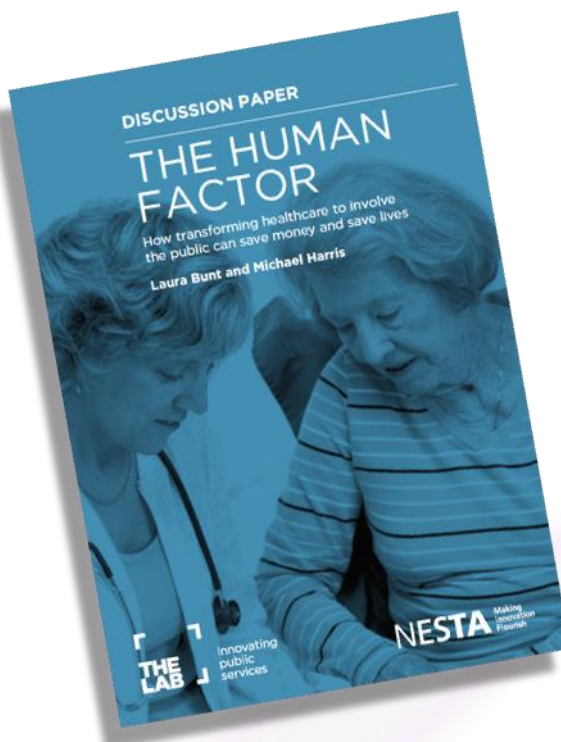


In the news

* [Patient designed services ‘could save the NHS £20bn’](#)

A recent discussion paper from the National Endowment for Science, Technology and the Arts (NESTA) has concluded that allowing doctors and patients to design healthcare services could save the NHS £20bn by 2014.

The Human Factor indicates that the NHS needs to move away from centrally driven directives and place responsibility for reform in the hands of those who use the service. The report claims that allowing communities to run their own health campaigns has reduced illnesses and boosted healthy living at a fraction of the cost of government-run campaigns. The paper argues that these savings could be achieved through radical patient-centred service redesign and more effective approaches to public behaviour change. However, these approaches are difficult to develop within the existing health service.



* [Mobile phone ‘app’ launched to track alcohol intake](#)

Just in time for the festive season, the UK Department of Health has launched an alcohol ‘tracker’.



The downloadable application for mobile phones enables people to create personalised charts to keep track of their alcohol consumption. The free ‘[alcohol app](#)’ (available from [NHS Choices](#) for

Windows phones or from [iTunes](#)), requires people to enter the number of drinks they consume each day. There is also a text service available which offers advice (text *unit* to 64746). It is part of the government's £9m Know Your Limits marketing campaign to encourage safer drinking.

Public Health Minister Gillian Merron said: "It is all too easy to lose track of how much you drink. So as the festive parties start to build up, this innovative tool will help people keep tabs on their drinking, wherever they are. It's one of many ways the Government is helping people understand how much they are drinking. Sticking within the NHS recommended limits means you reduce the risk of serious conditions such as mouth cancer and strokes." Current guidelines suggest men should not regularly drink more than three to four units a day and women not consume more than two to three units.

It's a Christmas cracker!

Apparently, the American Medical Association has weighed in on the new US economic stimulus package.

Ophthalmologists considered the plan short-sighted.

The psychiatrists thought the whole idea was madness.

The radiologists could see right through it.

Pathologists yelled 'over my dead body!' while the pediatricians told them 'oh, grow up!'

Some surgeons got quite cut up about it but others decided to wash their hands of the whole thing.

The obstetricians felt that they were all labouring under a misconception.

The internists thought it was a bitter pill to swallow and the cosmetic surgeons said 'this puts a whole new face on the matter'.

The podiatrists said it was a step in right direction but the urologists commented that the package belonged in the toilet.

The anaesthesiologists thought the whole idea was a gas and the cardiologists didn't have the heart to criticise it.

So, its been put to the vote:

The allergists voted to scratch it but the dermatologists advised not to make any rash moves!

**A Happy and Healthy
New Year to all!**



Making the headlines

- * Smoking mums have 'problem kids'
- * Rise in obesity in children in England may be slowing
- * Report calls for public education on screening to ensure more realistic expectations
- * Employers told to tackle work-related stress to reduce sickness bill
- * Most patients rely on their own experience to choose hospitals, shows survey
- * Exercise 'no panacea' for alcohol
- * Deaths from swine flu in UK rise, while cases fall
- * Cup of mint tea 'can kill pain'

Health Awareness - dates for your diary



Children's Cancer Month

World AIDS Day: 1 Dec

International Day of Persons with Disabilities: 3 Dec

Carers' Rights Day: 4 Dec

Festival of Winter Walks: 26 Dec – 2 Jan

Forthcoming events

14-15 December 2009

UK Society for Behavioural Medicine (UKSBM)
5th Annual Meeting
Southampton, UK

7-10 April 2010

Society for Behavioural Medicine (SBM) 31st Annual Meeting
Seattle, USA

15-19 May 2010

International Society for Pharmacoeconomics and Outcomes Research (ISPOR) 15th Annual International Meeting
Atlanta, USA

4-7 August 2010

International Congress of Behavioural Medicine (ICBM) 11th Annual Meeting
Washington DC, USA
Abstract deadline: 4 Dec 09