Response to NHS Chief Executive’s Open Call for Evidence and Ideas

Respondent ID: 148

Organisation name: Deltex Medical

Type of response: Letter
Sir Ian Carruthers  
NHS Chief Executive’s Innovation Review  
Department of Health  
Room 2N16  
Quarry House  
Quarry Hill  
Leeds  
LS2 7UE

31 August 2011

Dear Sir Ian

Deltex Medical welcomes the opportunity to provide evidence to the NHS Chief Executive Innovation Review of the adoption and diffusion of innovation in the NHS.

Deltex Medical manufactures the CardioQ-ODM™ oesophageal Doppler monitor (ODM) and we were pleased to see ODM cited in the “call for evidence”. We hope our device provides a useful case study for you and your team to review.

High-level endorsements are, of course, welcome; but these alone are not sufficient to drive the changes required for effective adoption of new technologies by the NHS. Deltex Medical can point to a solid base of evidence and endorsements that support the clinical and cost benefits of CardioQ-ODM, however the challenge has been to translate such endorsements into actual technology adoption at the level of the individual acute Trust. In support of the call for evidence, we propose below some clear recommendations of tangible actions that could be taken which would ease the path for the adoption of new technologies in the NHS.

**Deltex Medical and CardioQ-ODM**

Deltex Medical is a small British medical technology company that has developed and pioneered ODM. Our CardioQ-ODM provides an innovative solution to fluid management during surgery and in critical care by enabling clinicians accurately and safely to measure and optimise blood flow around the central circulation.

Earlier this year, NICE published final guidance recommending the use of CardioQ-ODM in surgery. The NICE guidance shows that such use reduces each of post-operative complications, the need for recovery in intensive care units, re-operation and readmission rates. It can also cut hospital stays by on average 2 days and save £1,100 per patient.\(^2\) With more than 800,000
relevant operations annually in the NHS in England, the **NICE guidance means that the NHS could save more than 1.6 million bed days and £800 million each year through wider uptake.**

Alongside clinical and cost benefits, better uptake of innovation in the NHS can support economic growth. The CardioQ-ODM is manufactured in the UK with exports currently worth £3 million per year. A conservative estimate of the annual global market opportunity created by our technology is in excess of £1 billion.

A strong home market is a critical first-step to growing the export market in part by supporting demand and building an evidence base. However, **despite being available for more than 10 years, and the clear evidence base, ODM is currently used in less than 3% of relevant NHS operations.** This failure to adopt a well-validated technology prevents the NHS from realising quality and efficiency gains and restricts economic potential.

In the light of the experience gained in the introduction of CardioQ-ODM Deltex Medical would like to suggest the policy recommendations below.

**Policy recommendations**

Deltex recommends:

1. **Technology evaluation:** NICE is a world-leader in technology assessment and evaluation. Its guidance and recommendations should be sufficient to determine the technologies which should be prioritised for rapid adoption by the NHS.

2. **Stick to the knitting:** Encouraging more rapid innovation in the NHS carries potential risks as well as rewards, for example if medical technologies were adopted widely but inappropriately on the basis of claimed benefits which had not first been confirmed by NICE’s evaluation processes. Trusts should be obliged to adopt the technologies which are actually reported on by NICE rather than risking wasting time and money adopting ‘look alike’ but less rigorously tested alternative methodologies. At such time as such alternative technologies have been reviewed and recommended by NICE their use can also be adopted. Insisting that adoption follows evidence and evaluation should encourage industry to invest in research by the NHS, facilitate the raising of venture capital for industry through a more certain and rapid route to market and focus industry on developing innovative technologies that are aligned with the NHS goal of efficient delivery of high quality care.

3. **Mandatory funding for medical technologies:** the present patient right under the NHS Constitution to be treated with technologies recommended by NICE covers only technologies assessed under NICE’s Health Technology Appraisal (HTA) programme but excludes those recommended under the Medical Technology Evaluation Pathway (MTEP) which was established after the NHS Constitution was published. Medical technologies should be given the same status as medicines. This means that clinicians choosing to adopt a technology recommended by MTEP would be able to insist on the
necessary investment from the relevant NHS body as they have been able to do for treatments recommended under the HTA programme which are mostly pharmaceuticals.

4. **National CQUIN**: significant financial incentives should be available to all Trusts to ensure effective diffusion of NICE recommended technologies. Trusts failing to achieve the required quality improvements to earn the CQUIN payment should be required to explain the under-performance and publish their remedial action plan.

5. **Swifter procurement through iTAPP and national contracts**: the Innovative Technology Adoption Procurement Programme (iTAPP) should focus on procurement and implementation rather than evaluation. An automatic process should be established to develop national procurement contracts for recommended technologies. Consideration should be given to providing sufficient funding to iTAPP to allow it to meet this objective. Such contracts should have delivery obligations on suppliers consistent with national CQUINs.

6. **Commissioning**: new commissioning procedures are being introduced in the NHS. This provides an opportunity to build a requirement into these processes to provide commissioning support for technologies recommended by NICE.

7. **Data transparency to drive uptake**: the Plan for Growth committed to release prescribing data. An equivalent approach could be developed for medical devices to help drive uptake. Following the publication of NICE clinical guidelines Trusts should be required to publish implementation plans within a fixed time period (say 90 days) and collect data on uptake. Their performance could be published and benchmarked against other Trusts.

8. **A joined-up process to develop clinical guidelines**: the professional associations should be required to provide and promulgate advice and guidance to their members on the use of NICE recommended technologies. Use of clinical “checklists” should be widely promoted to ensure all patients receive a recommended standard of care.

9. **Comply or explain**: trusts should be required to comply with NICE recommendations or explain why they are not able to do so. Similarly clinicians working in the NHS should be obliged to comply with NICE recommendations or else explain why it is clinically inappropriate to do so. The reporting onus and administrative burden should fall on organisations or individuals choosing not to comply with the recommendations rather than, as at present, those striving to do so.

10. **Governance and assurance**: Governance review procedures should be adopted and enforced to monitor compliance with the adoption of new NICE recommended technologies with appropriate penalties for non-compliance.
Conclusion

Taking CardioQ-ODM as a case study, we think the review should give due prominence to medical devices that are proven to improve the quality and efficiency of care.

The recommendations set out above would help accelerate the diffusion of innovation in the NHS while helping the NHS to improve patient outcomes and save money.

I would be very happy to discuss these ideas further, and look forward to reading the report.

Yours sincerely

Ewan Phillips
Chief Executive
Deltex Medical

---

1 Department of Health (June 2011). *Innovation in the NHS: Call for evidence.*
2 NICE final guidance for CardioQ-ODM is available online at [http://guidance.nice.org.uk/MTG3](http://guidance.nice.org.uk/MTG3).
4 Assessed under the NICE Medical Technologies Advisory Committee (MTAC).