# Health Technology Wales

**Dr Susan Myles** Director, HTW

**AWTTC IPFR Workshop** 1st May 2019







### Overview

- Origins & Purpose
- Methods
- HTW Remit
  - Identification
  - Appraisal
  - Adoption
- HTW Impact
- What HTW can offer IPFR?
- How IPFR can help HTW?





### HTW Origins

- Access to medical technologies in Wales (Dec 2014)
- A Health Technology Adoption Hub for Wales (Apr 2016)
- Velindre NHS University Trust to host
- Renamed "Health Technology Wales" "Technology lechyd Cymru"



National Assembly for Wales Health and Social Care Committee

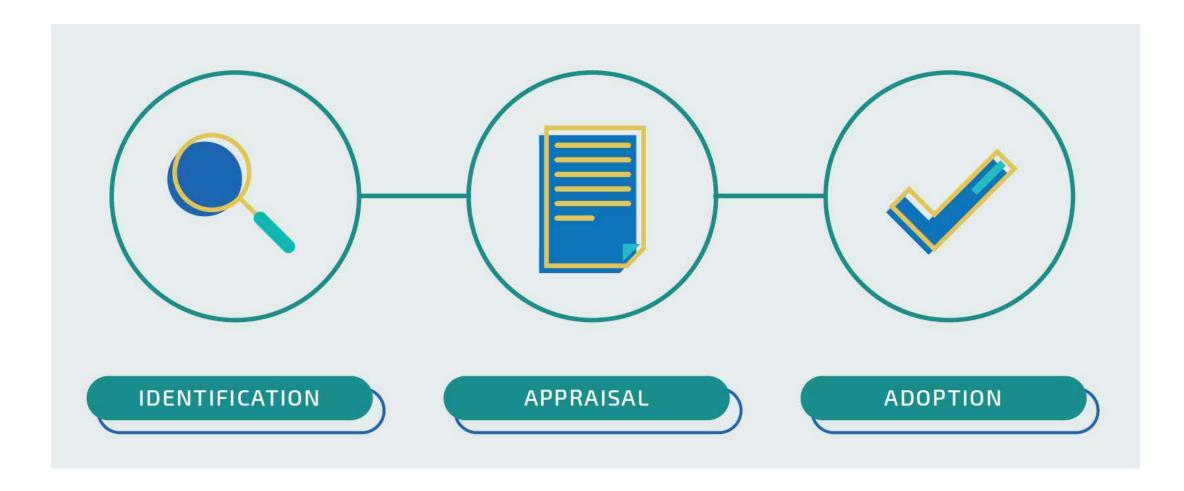
Access to medical technologies in Wales

December 2014

### WRITTEN STATEMENT BY THE WELSH GOVERNMENT



# **HTW Purpose**





### **HTW Purpose**

To deliver a strategic, national approach to the **identification**, **appraisal** and **adoption** of new technologies into health and care settings

### "Understanding Value - Optimising Use"

HTW covers all types of *non-medicine* health technologies:

- devices
- diagnostics
- surgical procedures
- clinical interventions
- psychological therapies
- organisational/service design interventions





### **HTW Appraisal Methods**

Health technology assessment (HTAi definition)

A multidisciplinary field that addresses the clinical, economic, organisational, social, legal, and ethical impacts of a health technology, considering its specific healthcare context as well as available alternatives.

Rapid reviews (Khangura 2012)

A form of knowledge synthesis in which components of the **systematic** review process are simplified or omitted to produce information in a timely manner.

Based on learning from other HTA agencies & partners





# Learning from others







SURGICAL MATERIALS TESTING LABORATORY





All Wales Medicines Strategy Group

Grŵp Strategaeth Meddyginiaethau Cymru Gyfan





# Health Technology Assessment (HTAi)

HTA is a field of scientific research to inform policy and clinical decision making on the introduction and use of health technologies

HTA is a multidisciplinary field that addresses the clinical, economic, organisational, social, legal, and ethical impacts of a health technology, considering its specific healthcare context as well as available alternatives



### Scarce resources



# DIFFICULT CHOICES FOR DECISION MAKERS



**Health Technology Assessment** 

Evidence-based methods to guide the optimal allocation of health care resources





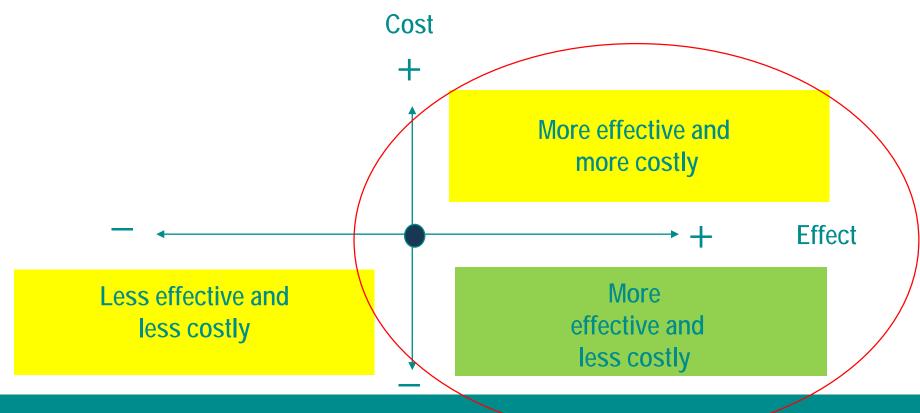
**Opportunity cost** 





### **Assessing Clinical and Cost Effectiveness**

Comparison of two alternative treatment strategies







### The Benefits of a Positive HTA





### HTW Launch



"HTW is an independent, arms-length organisation that will deliver authoritative evidence-informed advice to health boards in Wales about the value for money of non-medicine health technologies," said Mr Gething. "It is an exciting development that will support the identification of new non-medicine health technologies that are important to Wales"





























Tîm Gwasanaethau lechyd Arbenigol Cymru Welsh Health Specialised Services Team









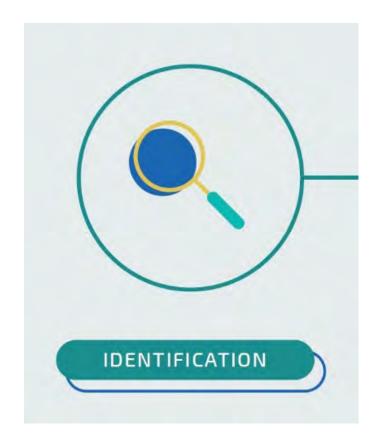








### Identification





### Identification ("Push")

Horizon scanning, working with partners in UK & internationally

- NICE HealthTech Connect
- NIHR Innovation Observatory
- HTAi, INAHTA, EUnetHTA
- Trending topics
- Themed topic calls





### Identification: HealthTech Connect

Supporting the development and adoption of health technologies with measurable benefits

- Identifying & nurturing innovation
- Raising the profile of transformative technology
- Prioritising value driven technologies for national evaluation
- Enabling support from product development to adoption

https://www.healthtechconnect.org.uk/





### Identification ("Pull")

Helping identify needs of NHS Wales for use of health technologies through stakeholder engagement

- Open topic calls. HTW 'Front Door'
- HTW Appraisal Panel (peer groups & health boards)
- Clinical & Specialist networks
- Topic identification workshops
- Policy input, innovation & industry calls
- IPFR requests
- Presentations, stakeholder & patient group engagement



# Identification: Open Topic Call





## Identification: Open Topic Call







### Identification: Open Topic Call







### Identification: Technology Topics

- Anyone may submit a proposal
- Topic proposal form available online: www.healthtechnology.wales/suggest-a-topic
- Topic proposer refines scope with HTW researcher
- High level exploration of published evidence
- Topic proposer presents to HTW Assessment Group
- Check against topic selection criteria
- Prioritise or re-route by Signposting



### Welcome



#### Health Technology Enquiry Form

#### Health Technology Wales

Health Technology Wales (HTW) is responsible for delivering a strategic, national approach to the identification, appraisal and adoption of non-medicine health technologies in to health and care settings in Wales.

Health technologies include a wide range of health interventions, from medical devices used by patients in their home to help manage their disease or treat symptoms, through to diagnostic technologies used by specialists, equipment used in health and care settings, implants, surgical procedures and psychological interventions. (Medicines are not included as they are assessed by the All Wales Medicines Strategy Group.)

One role of HTW is to signpost those wanting to evaluate or optimize use of a non-medicine health technology that is of importance to NHS Wales to initiatives and partners in Wales who may be able to assist them.

For more information about HTW see our website http://www.healthtechnology.wales/

#### About this form

This form is intended to capture key aspects of your enquiry to help us identify the importance of your technology to NHS Wales and understand where we should signpost you.

Please complete this form as clearly as possible and submit it to <a href="healthtechnology@wales.nhs.uk">healthtechnology@wales.nhs.uk</a>. If you have any questions when completing the form, please do contact us via email or phone (029 2019 6161).

### **Appraisal Topic Proposal Form**

#### 5. Where does this health technology fit in the diagnostic/treatment/care pathway?

- In what setting is it used?
- Is it added into the pathway or does it replace other interventions (if so, which)?
- Is it used in an area of unmet need?

6. Provide the rationale for undertaking an appraisal of this health technology

For example

- Is a clear health benefit anticipated from use of this health technology?
- Is there uncertainty about the clinical or cost-effectiveness?
- Is there wide variation in provision of or outcome from the health technology across Wales?
- Is the health technology likely to have a major impact on NHS resources (consuming or releasing)?
- Which NHS Wales health priority area would this apply to? http://gov.wales/topics/health/nhswales/plans/?lang=en





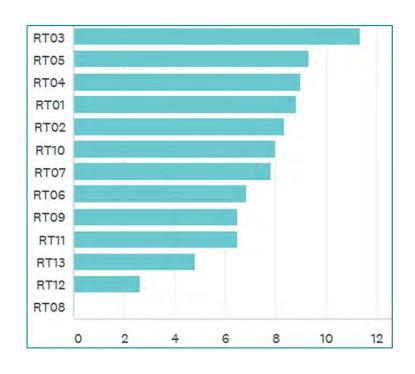
### Identification: HTW Live Workshop - Radiotherapy

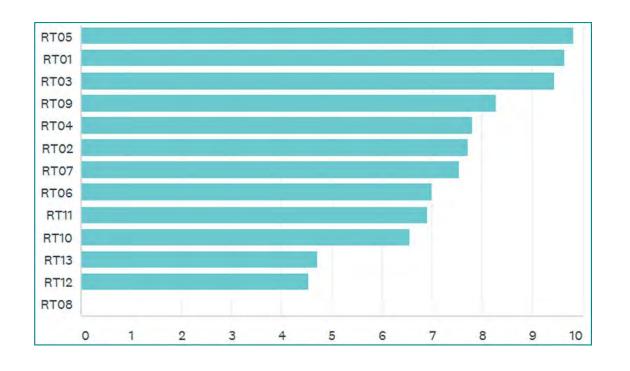
Ref.	Topic Title			
RT01	Partial Breast Irradiation (PBI) for patients with early breast cancer.			
RT02	Whole Breast Radiotherapy (WBRT) ± supraclavicular fossa (SCF) and axillary radiotherapy as an alternative to axillary node clearance in early breast cancer following a macrometastatic sentinel node.			
RT03	Internal Mammary Node Irradiation (IMNI) for people with high-risk early breast cancer.			
RT04	Supraclavicular fossa (SCF) nodal volume contouring for patients requiring locoregional adjuvant breast radiotherapy.			
RT05	Volumetric Modulated Arc Radiotherapy (VMAT) plus daily online Image Guided Radiotherap (IGRT) for locally advanced cervical cancer.			
RT06	Volumetric Modulated Arc Radiotherapy (VMAT) for lung cancer.			
RT07	Daily online Image Guided Radiotherapy (IGRT) with reduced treatment margins for anal cance patients.			
RT08	Daily online Image Guided Radiotherapy (IGRT) for patients undergoing radical lung cancer treatment.			
RT09	Daily online Image Guided Radiotherapy (IGRT) for patients undergoing radical bladder cancer treatment.			
RT10	Daily online Image Guided Radiotherapy (IGRT) for patients undergoing radical prostate cancer treatment.			
RT11	Utilisation of abdominal compression for the treatment of liver, adrenal and inferior lung lesion with Stereotactic Ablative Body Radiotherapy (SABR).			
RT12	Passive respiratory gating for liver Stereotactic Ablative Body Radiotherapy (SABR) patients.			
RT13	Stereotactic Ablative Body Radiotherapy (SABR) for patients with central non-small-cell lung carcinoma (NSCLC).			



### Panel votes (n=6):

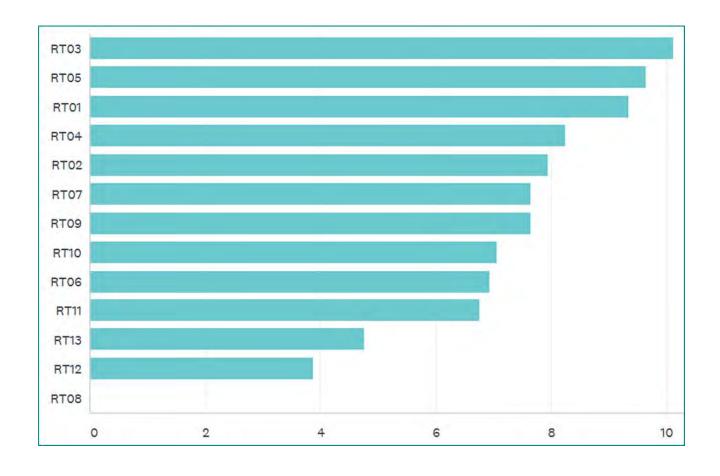
### Audience votes (n=11):







# Combined votes (n=17):



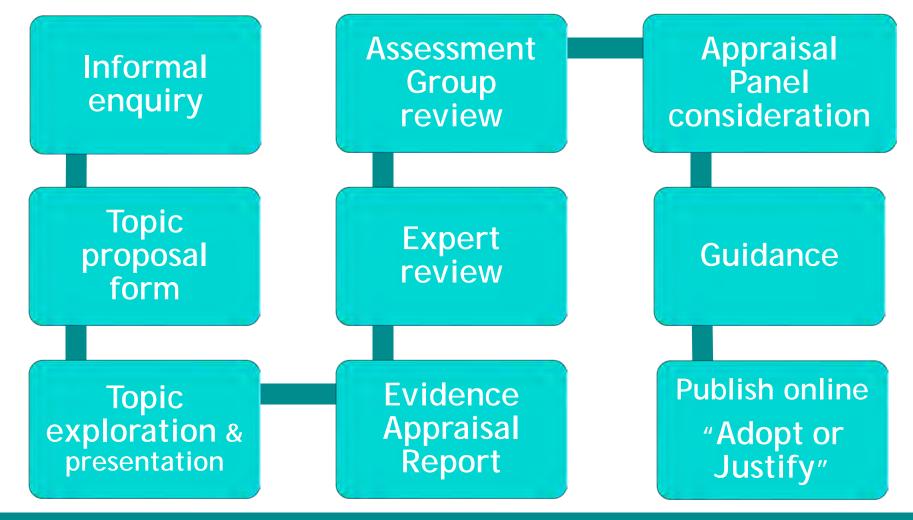


# **Appraisal**





### Appraisal: Process







# **Appraisal: Committees**

ASSESSMENT GROUP	APPRAISAL PANEL
Methodological rigour	Insights from NHS Wales
Topic selection; methodological expertise; review Evidence Appraisal Reports; assurance of appraisal processes; identify development, commissioning, decommissioning opportunities; facilitate expert & industry engagement; evaluate uptake of HTW guidance	Horizon scanning; consider implications of appraisal results for decision-makers; endorse final HTW evidence appraisal reports; formulate HTW guidance; evaluate impact of evidence-based guidance; advise on stakeholder engagement
<ul> <li>HTW Director (Chair)</li> <li>Chief Scientific Advisor for Health</li> <li>PPI representatives</li> <li>Welsh Health Shared Services Committee</li> <li>Academic Health Service Partnership</li> <li>Swansea Centre for Health Economics</li> <li>Cedar Health Technology Research Centre</li> <li>Evidence Based Procurement Board</li> </ul>	<ul> <li>Clinical Chair (WG Public Appointment)</li> <li>HTW Director</li> <li>Directors of peer groups from all Health Boards in Wales</li> <li>PPI representatives</li> <li>Industry representatives</li> <li>Welsh Government</li> </ul>







### Appraisal: Topic selection criteria

### **ONE** OF:

- Clear benefits to patients or NHS
- Uncertainty about clinical or costeffectiveness
- Variation in provision or outcome across Wales
- Supports prudent healthcare



### **ALL** OF:

- Likely impact on NHS resources
- Current potential for quality improvement
- Focused appraisal questions can be asked
- Sufficient published research findings
- No recent NICE MTEP guidance



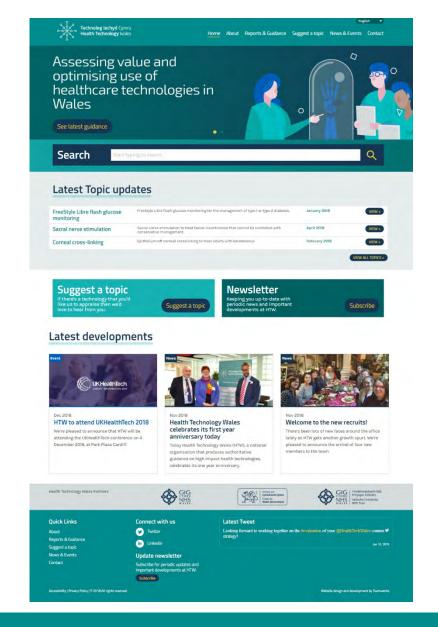


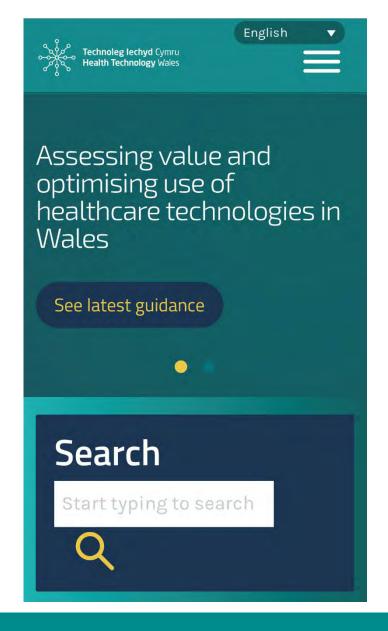














Fluorine- or gallium- prostate-specific membrane antigen (PSMA) positron emission tomography (PET) radiotracers in the investigation of recurrent prostate cancer.	TER EAR GUI	January 2019
FreeStyle Libre flash glucose monitoring for the management of type 1 or type 2 diabetes.	EAR GUI	January 2019
Sacral nerve stimulation to treat faecal incontinence that cannot be controlled with conservative management.	TER EAR GUI	April 2018
Epithelium-off corneal crosslinking to treat adults with keratoconus	EAR GUI	February 2018
Mechanical chest compression for use by the ambulance service to treat adults with out-of-hospital non-traumatic cardiac arrest.	EAR GUI	February 2018
Automated breast ultrasound for the assessment of symptomatic patients referred to a breast clinic for investigation	TER	May 2018







#### HEALTH TECHNOLOGY WALES (HTW) GUIDANCE 001 (February 2018)

### Mechanical chest compression for use by the ambulance service to treat adults with out-of-hospital non-traumatic cardiac arrest

Are there special populations for which mechanical chest compression devices are clinically and cost effective compared with manual cardiopulmonary resuscitation?

Figure 1. LUCAS 3<sup>e</sup> chest compression system (Reproduced with permission from Stryker.)



Figure 2, AutoPulse® Resuscitation System (Reproduced with permission from ZOLL Medical Corporation.)



#### Why did Health Technology Wales (HTW) appraise this topic?

This topic was proposed by the Welsh Ambulance Services NHS Trust to support evidence-informed decision making over whether to routinely adopt mechanical chest compression devices across the ambulance service in Wales.

HTW advises that routine adoption of mechanical chest compression devices across the ambulance service is not currently supported by available evidence.



#### Evidence Appraisal Report<sup>1</sup>

Review of systematic reviews and additional primary studies

Mechanical chest compression for use by the ambulance service to treat adults with out-of-hospital non-traumatic cardiac arrest

Are there special populations for which mechanical chest compression devices are clinically and cost effective compared with manual cardiopulmonary resuscitation?

#### 1. Health problem

Cardiac arrest is the cessation of cardiac mechanical activity, as confirmed by the absence of signs of circulation. Within seconds the blood supply to vital organs ceases and cell death commences. There is a narrow window of opportunity (minutes) in which the heart might be restarted and the patient resuscitated. Cardiac arrest outside hospital may occur due to cardiac causes, trauma, submersion, drug overdose, asphyxia, exsanguination or other medical causes. (Gates et al. 2017)

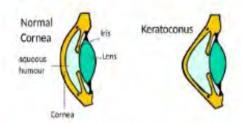
The Out of Hospital Cardiac Arrest (OHCA) Plan for Wales (NHS Wales 2017) stresses the high incidence of cardiac arrest in the community and the high risk of death. The treatment for people who suffer a non-traumatic OHCA is cardiopulmonary resuscitation (CPR), involving chest compressions and rescue breaths. This can be undertaken by a bystander until an ambulance team arrives and defibrillation may also be applied if an automated external defibrillator (AED) is available in the vicinity to shock the heart.





## HEALTH TECHNOLOGY WALES (HTW) GUIDANCE 002 (February 2018)

Clinical and cost effectiveness of epithelium-off corneal crosslinking (CXL) to treat adults with keratoconus



## Why did Health Technology Wales (HTW) appraise this topic?

This topic was proposed by Dr Kelechi Nnoaham, Director of Public Health, Cwm Taf University Health Board, and submitted to HTW by the Welsh Health Specialised Services Committee (WHSSC) to support evidence-informed decision making over provision of epithelium-off corneal crosslinking within NHS Wales.

The evidence about epithelium-off corneal cross-linking (CXL) to treat adults with keratoconus is inconclusive. There is insufficient evidence to show that CXL is effective in the long term. HTW guidance is that routine provision is not currently supported. Research is recommended into the long term effectiveness and cost-effectiveness of epithelium-off CXL in adults, compared with no treatment



## Evidence Appraisal Report<sup>1</sup>

Review of systematic reviews and additional primary studies

Clinical and cost effectiveness of epithelium-off corneal crosslinking (CXL) to treat adults with keratoconus

#### 1. Health problem

Keratoconus is a non-inflammatory, bilateral eye condition, characterised by a progressive thinning and distortion of the cornea, causing a cone-shaped bulge to develop. This results in vision problems such as short-sightedness, blurred vision, astigmatism or light sensitivity (Wollensak et al. 2003). The condition typically develops in children and young adults and can deteriorate over time. Approximately 27% of patients with keratoconus progression require corneal transplantation for visual recovery (Rabinowitz et al. 1998).

In 2013 it was estimated that there were 50,000 individuals with keratoconus in the UK (Gore et al. 2013), with approximately 2000-3000 in Wales (Expert reviewers). It is not clear what proportion of these individuals would be eligible for an interventional procedure. The number of reported cases is thought to be increasing, but it is not known whether this is attributable to an increasing incidence of the condition or better recognition/reporting.





## HEALTH TECHNOLOGY WALES (HTW) GUIDANCE 003 (June 2018)

Sacral nerve stimulation for the treatment of faecal incontinence

#### Why did Health Technology Wales (HTW) appraise this topic?

Sacral nerve stimulation (SNS) is a treatment for faecal incontinence that involves direct, chronic, lowvoltage electrical stimulation of the sacral nerve roots. It is available via the NHS in some other parts of the UK, but not in NHS Wales. SNS is intended to be used in people who cannot manage their faecal incontinence by more conservative methods. In these cases, alternatives such as stoma or sphincter repair are associated with significant costs and morbidity rates, and do not always provide adequate relief to the patient.

HTW guidance is that the available evidence supports the use of sacral nerve stimulation to treat faecal incontinence, only where the condition has not responded to conservative management,

Sacral nerve stimulation should only be offered to people with faecal incontinence in line with the criteria outlined in the <u>National Institute for Health and Care Excellence Clinical Guideline 49</u> (Faecal incontinence in adults; management).



## Evidence Appraisal Report<sup>1</sup>

Review of systematic reviews and additional primary studies

The clinical and cost effectiveness of sacral nerve stimulation to treat faecal incontinence that cannot be controlled with conservative management

#### 1. Health problem

Faecal incontinence (FI) is the involuntary loss of solid or liquid faeces. Damage to the anal sphincter mechanism or its nerve supply, age-related degeneration of the sphincter, spinal injury, or other neurological causes can all lead to chronic FI (Thaha, 2015). The condition is underreported due to its stigmatising nature, but it is thought to affect approximately 500,000 people in the UK (NICE, 2007). FI is more likely to affect women than men.

FI is at first treated by conservative management. This can include any/all of a range of nonsurgical, noninvasive interventions, such as:

- dietary modifications
- · lifestyle modifications
- behavioural therapy
- anti-diarrhoeal medication
- absorbent padding or plugs
- suppositories or enema
- transanal irrigation (Thaha, 2015; Duelund-Jakobsen, 2016; J Cornish 2018, expert comment)







## HEALTH TECHNOLOGY WALES (HTW) GUIDANCE 006 (December 2018)

The clinical and cost effectiveness of gallium- or fluorine-prostate-specific membrane antigen (PSMA) positron emission tomography (PET) radiotracers in the investigation of recurrent prostate cancer

The adoption of <sup>68</sup>Ga PSMA PET for the diagnosis of recurrent prostate cancer is partially supported by the evidence. The use of <sup>68</sup>Ga PSMA PET provides a high degree of diagnostic accuracy on which to base management decisions as compared with conventional tracers. However, evidence comparing <sup>68</sup>Ga PSMA PET to other tracers is limited, and estimating the cost of using <sup>68</sup>Ga PSMA PET for the investigation of possible recurrent prostate cancer is complex and uncertain. Therefore, <sup>68</sup>Ga PSMA PET is recommended if the service can be delivered at no greater cost than current standard care.

The adoption of <sup>18</sup>F PSMA PET for the diagnosis of recurrent prostate cancer is not supported by the evidence.



## Evidence Appraisal Report<sup>1</sup>

Review of systematic reviews and additional primary studies

The clinical and cost effectiveness of fluorine- or gallium- prostate-specific membrane antigen (PSMA) positron emission tomography (PET) radiotracers in the investigation of recurrent prostate cancer

### 1. Purpose of the Evidence Appraisal Report

The Evidence Appraisal Report is a rapid systematic literature search of published evidence and websites to identify the best clinical and economic evidence on health technologies. Researchers critically evaluate this evidence. The draft Evidence Appraisal Report is reviewed by experts and by Health Technology Wales multidisciplinary advisory groups before publication.

## 2. Health problem

Prostate cancer is the most common cancer in males in the UK, accounting for 26% of all new cancer cases in males(Cancer Research UK). In 2015, there were 2,552 new cases of prostate cancer in Wales. Prostate cancer incidence is strongly associated with age; over a third (35%) of new cases between 2013 and 2015 were in males aged 75 and over (Cancer Research UK). Although the incidence rate of prostate cancer in Wales has remained stable, the number of cases are increasing due to an aging population and changes in diagnosis (Welsh Cancer Intelligence and Surveillance Unit 2016).





# Adoption





# Adoption:

Health Technology Wales

Understanding Value - Optimising Use





# Adoption: HTW & NICE Guidance

Recommendation 5 from H&SC Committee Inquiry

That the Minister for Health and Social Services should ensure that the uptake of recommended medical technologies across Wales, including those recommended by NICE, is measured as part of a formal audit process





# Adoption: 'Adopt or Justify'

- Health Boards and NHS Wales expected to take account of Advice from Health Technology Wales
  - not mandated due to nature of evidence and need for service organization, but expectation that it will be systematically considered.
- Audit to see how HTW Guidance is used
- Adoption Audit Task & Finish Group established





# Adoption: HTW Launch Workshop

Telemonitoring with pacemakers for disease management of patients with heart failure in NHS Wales

Date	27 November 2017
Time	9.00 am to 4.00 pm
Location	Life Sciences Hub, Cardiff Bay
Registration	via Eventbrite

What pacemaker telemonitoring technologies are available to the NHS in Wales? How can we manage patients' disease with pacemaker telemonitoring?

What have colleagues learned from using pacemaker telemonitoring in their organisations?



Understanding value - Optimizing use

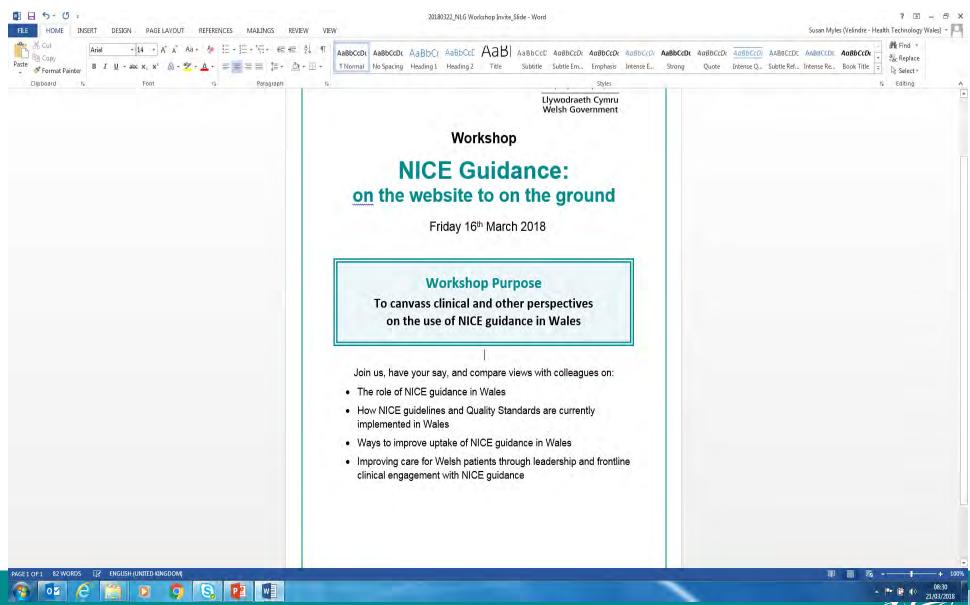
## **Workshop Report**

Telemonitoring with pacemakers for disease management of patients with heart failure in NHS Wales

- Summary
- Presentations
- Small Group Notes











# Impact:

# **Health Technology Wales**

So What?





## Evaluation Plan Health Technology Wales

Sarah Morton, Matter of Focus October 2018







# Outcome map proposal: 4 key outcome areas

1) HTW identification and appraisal with 2 pathways:

a) advise to support technology

b)advise NOT to support technology

2) HTW supporting evidence adoption

Dissemination

Co-production

**Events** 

3) HTW awareness raising

Aligned with comms strategy and implemented/monitored as part of that strategy

4) Lifesciences support





# HTW topic identification and evidence appraisal

What we do

We horizon-scan for major impact technologies to identify topics for review

We review NMT's

We advise to adopt NMT

We advise NOT to adopt NMT

We identify and share evidence gaps

Who with

The NHS in Wales. health and social care

Welsh Government

Patient and Public Organisations/Reps

**Experts** 

How they feel about this

HTW topics are useful, important and valuable

This evidence can help deliver better health services or policies

They have confidence in the methods and the integrity of the approach

Enthusiastic, valued, consulted and able to participate in the process

What they learn and gain

Understand the relative value of a health technology in context

Understand the clinical effectiveness and safety of the

Understand the cost effectiveness and resource impact of the technology

Have discussed the implications of the technology with colleagues

What they do differently

Adopt or justify

Consider investment & what is necessary to implement a new technology

Consider and decide where to cease investment

Identify knowledge gaps, collect evidence and reflect on existing practice

What difference this makes

Better health and social care and improved outcomes

> Patient harm is avoided

Resources are used more effectively

The Welsh NHS adopts and supports innovation







## Health Technology Wales Technolog lechyd Cymru



Communications strategy and delivery framework

Pagoda Public Relations Limited 116 Dundas Street Edinburgh Eli3 SDQ TEL: +44 (0) 131 556 0770 www.pagodapt.com











Health Technology Wales reached its first anniversary on 27th November 2018. This impact statement provides a brief summary of our reflections on HTW's achievements.

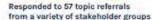
One year on, the Cabinet Secretary for Health and Social Services, Vaughan Gething said: "I welcome the progress made by Health Technology Wales in its first year. They are delivering high quality, evidence-informed advice to our health boards on a range of non-medicine technologies. This is important work. that will ensure our health service in Wales is at the forefront of modern technology."

Thank you to all those who have helped HTW to become a productive and thriving organisation; we are looking forward to further developments in the years ahead.

#### In its first year, Health Technology Wales:







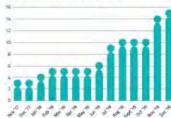






























4 pieces of guidance





www.healthtechnology.wales

info@healthtechnology.wales

@HealthTechWales





#### Established relationships with national and international organisations



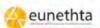




































Weigh Blood Vergice



#### Stakeholder feedback

"I really welcome the pace of delivery and the quality of reports by Health Technology Wales in its first year. I am also impressed by the level and character of HTW's engagement with stakeholders and partners, across Wales and internationally."

tion Evans Director - Technology & Transformation, Weish Government - Health & Social Services Group

"A huge amount of value, evidence and rigour was added to the Health Tech Exemplar application and assessment process by having HTW join the penel."

Tom James Head of Innovation and Industry Engagement Weish Government

"Many thanks for this very helpful input this year... it has certainly improved the robustness of the decisions and also informed us where the gaps in evidence are."

Director of the Bevan Commission Swansea University

"I am very pleased with the progress that has been made during this first year in establishing HTW as an organisation that is able to use evidence to guide the delivery of the best innovative medical technologies to patients in NHS Wales. We are working with partners across the healthcare sector to ansure that our combined expertise is applied to promoting the adoption of technologies that have the potential to make a real difference to people's lives. We are excited about the opportunities in the year ahead."

Dr Peter Groves Chair of Health Technology Wales

"In a very short space of time the All Wales NICE lisison group were fortunate to have the full support of HTW in organising a national event very successfully... I have been impressed with the input from Susan and her team."

Professor Julia Terry Academic Lead for Public & Patient involvement in health programmes Swansea University

www.healthtechnology.wales

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@HealthTechWales





# Impact: Year 1

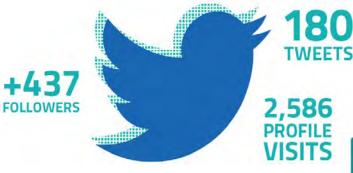
Responded to 57 topic referrals from a variety of stakeholder groups



Academia & Other

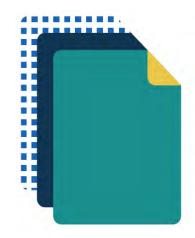
Hosted 2 multi-stakeholder adoption workshops







Presented at external meetings and conferences



Produced multiple standard operating procedures, an evaluation strategy, a communications strategy, and a new website.





# What can HTW offer IPFR Panels?

# 1) Rapid evidence appraisals

- Topic Exploration Report (TER) service (1/2 days work). Rapid response service with dedicated capacity.
- Evidence Appraisal Reports (EARs) (rapid reviews) & Guidance.

# 2) One Wales Interim Commissioning process for NMTs?

MoU with AWTTC/IPFR

## 3) Expertise and support

- Evidence evaluation methods
- Systematic literature searching
- Health economic analyses
- Scientific advice
- NICE META Tool facilitation (MedTech Early Technical Assessment)

## 4) Training

- Health Technology Assessment
- Health Economics

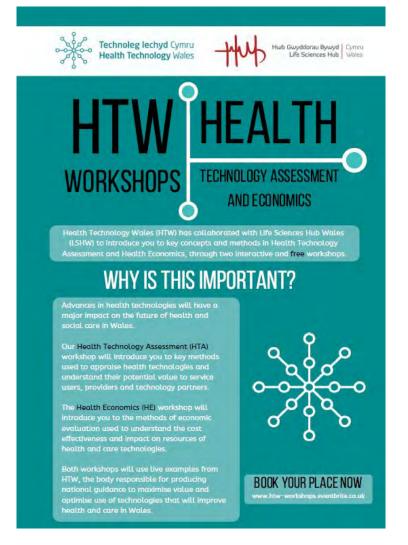


# HTA & HE Workshops













# How can IPFR help HTW?

- 1) Identification of priority NMT topics and key contacts
- 2) Participation in expert review processes
- 3) Dissemination of HTW EARs & Guidance

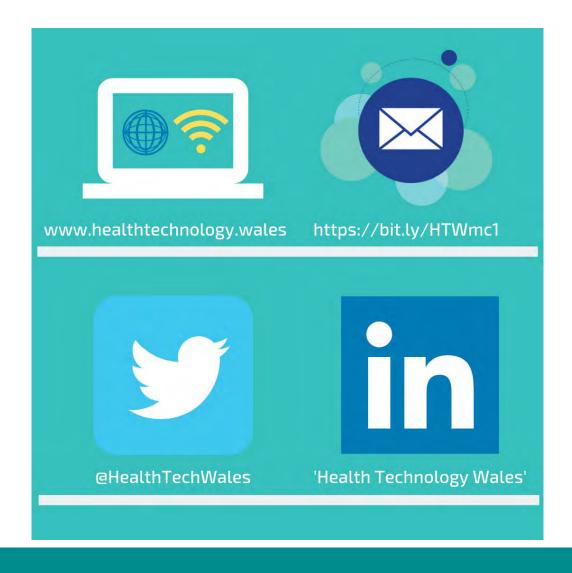
## Over to you...

- 1) How can you help us to target our support where it will realise greatest value?
- 2) Can IPFR groups identify priority areas/pt cohorts where decision-makers would value robust evidence analyses?
- 3) How can HTW quickly identify appropriate clinical contacts to provide expert insight into appraisal reviews?





# **Contact HTW**







Diolch yn fawr. Questions?

healthtechnology@wales.nhs.uk

@HealthTechWales

www www.healthtechnology.wales

029 2046 8947



