

Minutes - Scottish Health Technologies Group Council

Date 10th February 2025 13:00-16:00

Venue: MS Teams

Contact: his.shtg@nhs.scot

Attendance

Council Members

1. **Neil Smart**, Council Chair, Consultant Anesthetist, NHS GG&C
2. **Ed Clifton**, SHTG Unit Head, Healthcare Improvement Scotland (HIS)
3. **Julie Calvert**, Lead Health Services Researcher, HIS
4. **Mark Cook**, Chair, Life Sciences Scotland Industrial Leadership Group
5. **Kate Dion**, HIS Public Partner
6. **Claire Fernie**, HIS Public Partner
7. **Rodolfo Hernández**, Research Fellow at HE Research Unit, University of Aberdeen
8. **Matthew Saunders**, (On behalf of Fatim Lakha) Consultant, Public Health Scotland
9. **Colin Marsland**, Director of Finance, NHS Shetland
10. **Jennifer McGowan (On behalf of Katie Hislop)**, Sponsorship Officer, Directorate for the Chief Operating Officer, Scottish Government
11. **Fiona Glen**, Associate Director of Evidence/Head of RIS Evidence Directorate, HIS

Apologies

- **Safia Qureshi**, Director of Evidence and Digital, HIS
- **Katie Hislop**, Healthcare Quality and Improvement Directorate, DG Health & Social Care, Scottish Government
- **Fatim Lakha, Consultant**, Public Health Scotland
- **Karen Facey**, Evidence Based Health Policy Consultant
- **Gordon James**, Chief Executive, Golden Jubilee

Topic Experts

- Ashley Johnstone, Acting Physiotherapy Head of Service & Clinical Lead Scottish National Chest Wall Service
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External Observers

- **Jenni Strachan**, Training fellow (public health) NHS Lothian
- **Gillian Chin**, Career Start GP(GP Sub Committee), NHS Tayside

SHTG & HIS Attendees

- **Cecilia Okolo**, Health Economist, HIS
- **James Stewart**, Programme Manager, HIS
- **Lucinda Frank**, Senior Project Officer, HIS
- **Mary Michael**, Project Officer, HIS
- **Rachel Moss**, Health Service Researcher, HIS
- **James Chappell**, Senior Health Economist, HIS

Declarations of Interest

Rodolfo Hernández noted a potential interest with the topic, relating to another University project. This was considered and approved for him to take part in the closed session discussions.

The clinical expert and patient representative's declarations of interest were displayed on screen during the meeting.

Vacuum bell device for the correction of pectus excavatum

Neil Smart introduced the topic. Neil highlighted that SHTG's advice would inform NHS National Services Scotland decisions on the provision of the vacuum bell device.

SHTG Presentation/Evidence review

Joanna Kelly and James Chappell presented an overview of the topic and a review of the published evidence. Joanna and James answered questions from Council members.

Clinical Expert Commentary

Neil welcomed Ashley Johnstone, Acting Physiotherapy Head of Service & Clinical Lead, Scottish National Chest Wall Service to the meeting as a clinical expert, who then provided commentary on the technology from her clinical perspective. Ashley gave an overview of the work of the Scottish National Chest Wall Service. It was discussed that the median age of patients seen by the service is 13 years old and that the device is at its most effect when used when the person is younger as the chest gets stiffer as a person ages. Ashley answered questions on what imaging is done before a vacuum bell is used and discussed that 3D clinical photographs are usually used rather than CT scans as this allows for meaningful data to be collected for the duration of the treatment. Consultations with patients is usually done via a video call which allows the national team to cover all of Scotland.

Patient Organisation Commentary

Neil welcomed Simon Kendall, Chair of Pectus Matters, who had provided a patient organisation submission for the meeting. Simon outlined the key messages from the patient organisation submission including the psychological effects that the condition can have on a person and the current difference in provision between Scotland and England. Simon answered questions from Council members.

Council Discussion

Council members reviewed and discussed the key points to ensure accuracy and that they reflected the available evidence and information.

The Council then moved to a closed session to formulate the final recommendations, considering the evidence base, peer review and consultation comments, and the reflections of the topic experts. In agreeing the recommendation, Council's considerations were:

1. The Council acknowledged that the evidence base is limited, consisting mainly of retrospective studies which are more prone to bias. The Council agreed that, on balance, the body of evidence was sufficient to demonstrate that the VB device was likely to provide positive treatment outcomes in a selected group of patients, with few safety concerns.

2. The Council noted that the VB device is mainly offered to people with a mild PE as a conservative treatment option, when they would not normally be eligible for surgery and have no other treatment options. The VB device also has the potential to treat people with more moderate and severe PEs to reduce the need for surgery. The Council recognised the patient and service benefits from fewer surgeries.

3. A topic expert from the Scottish National Chest Wall Service described the patient pathway for people with a chest wall difference in NHSScotland. The first VB device was prescribed in NHSScotland in 2018, and since then nearly 400 have been fitted. The expert noted that most patients are aged between 5 and 16 years (median age 13). The service in Scotland includes physiotherapists, surgeons and psychologists. Consultations are provided remotely when feasible.

4. Following discussion with the topic expert, the Council noted that treatment with the VB device requires considerable commitment from patients and their parents or carers, and progress can be slow. The topic expert suggested that approximately 30% of people who start treatment with the VB device do not complete treatment. It was suggested that one way to improve adherence to treatment may be to use new technology, for example three dimensional (3D) photographs, so that the patient can better visualise the ongoing improvement in their chest wall difference and hopefully continue using the VB device. The topic expert advised that a key factor in a patient's decision to continue treatment is their own desire to correct the PE, which outweighs the influence of their parents or carers.

5. The Council heard from a patient organisation, Pectus Matters, who described the impact that a chest wall difference can have on individuals. The physical effects for some people are significant, particularly for those whose cardiorespiratory functions are impacted. Pectus Matters also stressed the substantial psychological consequences of PE for some people. Young people and adolescents are especially susceptible to negative feelings and self-consciousness about their bodies. The resulting impact on their desire to participate in regular activities should not be underestimated.

6. The Council considered the costs of the VB device, including the first line treatment costs of VB device use, conservative management and surgery. Economic modelling comparing costs and effectiveness was not possible because of a lack of relative outcomes data. The Council highlighted the low cost of the VB device and the potential for the device to be good value for money, even if only a small portion of patients benefit from using the device.

7. The Council noted the reusable nature of the VB device, and the potential environmental and cost benefits for the service. The topic expert advised that a VB device is currently likely to only be used by two patients sequentially, because regular use and cleaning causes deterioration in the silicone VB device material.

8. The Council noted the importance of ongoing data collection by the Scottish National Chest Wall Service, and subsequent review of these data. The Scottish service has an established patient pathway for people with chest wall differences, and considerable experience of prescribing the VB device. Ongoing data collection will help further our understanding of, for example, the patients most likely to benefit from treatment and optimal treatment protocols.

James Stewart presented to the Council the summary of the highlights of the HTAi Global Policy Forum he attended on the topic of AI in HTA.

Council Business

Neil Smart talked through his Chair's Update report, highlighting that the SHTG programme remains at capacity and the work that SHTG continues to do in supporting the ANIA programme.

Next Meeting

Neil thanked members for their contributions. The next council meeting is scheduled for Monday 31 March 2025 but this may change depending on topic timing. Neil then closed the meeting and thanked everyone for their attendance.

Future Meetings

16 June 2025
25 August 2025

