

Minutes - Scottish Health Technologies Group Council

Date 16th June 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**, Director of Re-imbursement and Government Affairs, Assn. of British Healthcare Industries
5. **Kate Dion**, HIS Public Partner
6. **Karen Facey**, Evidence Based Health Policy Consultant
7. **Mary Kilonzo (On behalf of Rodolfo Hernández)**, Advanced Research Fellow at HERU, University of Aberdeen
8. **Fatim Lakha**, Consultant, Public Health Scotland
9. **Colin Marsland**, Director of Finance, NHS Shetland
10. **Jonny Gamble (on behalf of Gordon James)**, Director of Finance, NHS Golden Jubilee
11. **Katie Hislop**, Policy Lead, Healthcare Quality and Improvement Directorate, Scottish Government

Apologies

Safia Quereshi, Director of Evidence and Digital, HIS

Rodolfo Hernandez, Health Economics Research Unit (HERU), University of Aberdeen

Claire Fernie, HIS Public Partner

Gordon James, NHS Golden Jubilee Chief Executive

Topic Experts

- **Dr Brian McKinstry**, Former ConnectMe Clinical Lead, Professor Emeritus Primary Care eHealth, The University of Edinburgh
- **Dr Fiona Wright**, Project Development Lead, CVD Risk Factors Programme, Scottish Government

External Observers

- **Dr Saif Elayan, Ph.D.** Post-Doctoral Researcher, Division of Pharmacoepidemiology and Clinical Pharmacology, Utrecht University
- **Jo Findlay**, Senior Health Economist, Adora Digital Health

SHTG & HIS Attendees

- **Cecilia Okolo**, Health Economist, HIS
- **James Stewart**, Programme Manager, HIS
- **Lucinda Frank**, Senior Project Officer, HIS

- **Mary Michael**, Project Officer, HIS
- **Margaret Bird**, Administrative Officer, HIS
- **Rachel Moss**, Health Service Researcher, HIS
- **Meryl Heggeland**, Health Economist, HIS
- **Moray Nairn**, Programme Manager, HIS

Declarations of Interest

No declarations of interests were noted from the Council members.

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

Home blood pressure monitoring

Neil Smart introduced the topic and highlighted that Council is asked to review the evidence and formulate a recommendation on use of home blood pressure monitoring.

SHTG Presentation/Evidence review

Rachel Moss, Health Services Researcher and Meryl Heggeland, Health Economist from the SHTG team presented an overview of the topic and a review of the published evidence.

Clinical Expert Commentary

Dr Brian McKinstry, Former ConnectMe Clinical Lead, Professor Emeritus Primary Care eHealth, The University of Edinburgh and Dr Fiona Wright, Project Development Lead, CVD Risk Factors Programme, Scottish Government provided expert commentary on the topic and answered questions from Council members.

The group was informed that Scotland is recognised as a global leader in the provision of blood pressure monitors. No other country has come close in terms of implementation. It is essential that we continue working to ensure equal access to these monitors. The experts advised that only home BP monitors that had been validated by the British & Irish Hypertensive Society should be used.

Council Discussion

The group then reviewed and discussed the key points to ensure they reflected the evidence in the main report. Suggested minor edits included:

1. Include a semi colon to point 3
2. Merge points 21 & 21
3. Reference improvements in costs
4. State what the main drivers of the results were and what the sensitivity analysis was

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 included:

1. The Council discussed the importance of using home monitor devices that had been validated for accuracy and effectiveness. The Council asked the clinical experts for their opinion on the validation measures that clinicians and members of the public should be aware of when providing or buying BP

home monitoring devices. It was stated that only home BP monitors that had been validated by the British & Irish Hypertensive Society should be used.

2. The Council sought clarity on any differences in accuracy between upper arm cuff-based BP monitors and wrist BP monitors. Clinical experts clarified that upper arm cuff-based BP measures are more accurate than wrist BP monitors. The Council noted that the available evidence related to upper arm cuff-based BP monitors.

3. The Council emphasised the need for equitable access to HBPM across NHSScotland. The Council acknowledged that while some individuals may be able to purchase their own monitor, the monitors should be available to all individuals with suspected or confirmed hypertension following clinical review. A clinical expert noted that there was ongoing work within the SG proactive and preventative care portfolio to address equity and access to technologies such as home BP monitors.

4. The Council requested greater clarity regarding the costs associated with the intervention and recommended that the cost of the monitors be clearly presented within the economic analysis. Additionally, the Council sought confirmation on the applicability of the analysis to the Scottish context. It was confirmed that the model reflects the population served by the Connect Me BP programme in Scotland.

5. The Council discussed the critical role of active monitoring within HBPM. A clinical expert stated that structured approaches – such as the Connect Me BP telemonitoring programme, which provides individuals with support while monitoring their blood pressure – are more effective in reducing blood pressure than HBPM without support.

6. A clinical expert highlighted the established link between BP and CVD. The Council acknowledged this association, particularly in relation to long-term CVD outcomes. It was noted that the evidence presented to inform the Council may not fully reflect the potential impact of BP reduction through HBPM, partly due to the underpowered nature of the available studies.

7. The Council reflected on the importance of achieving clinically meaningful reductions in BP, beyond merely statistically significant changes. The Council noted variation in clinical expert opinion on what constitutes a meaningful reduction. Clinical experts emphasised that, in their experience, sustained reduction in BP (that is, controlled BP) is more critical to improving outcomes for individuals with hypertension than achieving a specific numerical threshold.

8. The Council discussed the ongoing need for continued data collection, particularly in relation to longer-term morbidity and mortality outcomes. It was noted that the current evidence base does not sufficiently address the direct link between HBPM interventions and longer-term health outcomes, highlighting a critical gap that future research should seek to address.

9. The Council considered the range of patient perceptions surrounding HBPM. While qualitative data indicated a generally positive view, there were concerns about over monitoring, limited access to technology, and insufficient information support. Clinical experts acknowledged both the benefits and challenges identified in the evidence base and noted that potential issues are being actively addressed within existing BP reduction programmes.

Council Business

The chair's update report was noted by members, along with the link to the current SHTG work programme.

Next Meeting

Neil thanked the members for their contribution. The next council meeting is scheduled for 25th August.

Future meetings to be held on the following dates:

Mon 25th Aug 2025

Mon 20th Oct 2025

Mon 15th Dec 2025

Neil closed the meeting and thanked everyone for their attendance.

