Wessex Academic Health Science Network

NHS

MedTech Funding Mandate 2020/21 Headline Briefing Notes

JANUARY 2021

(Version 1)

MedTech Funding Mandate (MTFM)

- **New policy to support commissioners and providers accelerate the uptake and use** of NICE-approved clinically effective and cost-saving medical devices, diagnostics and digital technologies (Access policy here)
- Commitment of the NHS Long Term Plan (2019)
- Launches **1st April 2021**
- **Comprises 4 technologies**; placental growth factor based testing (PlGF), SecurAcath, HeartFlow FFRCT and gammaCore
- Further technologies to be **added annually**
- **Providers to be reimbursed by local commissioner**
- **Requirement for providers and commissioners to take necessary action to implement technologies and plan future contracting arrangements**
- Procurement via **NHS Supply Chain**
- **Adoption support** available from Wessex AHSN. Supporting resources available from NICE
- **Requires compliance** from providers and commissioners - linked to NHS Standard Contract

Policy on a single page

MedTech Funding Mandate (MTFM) – commencing 1 April 2021

- Policy to support providers and commissioners **to accelerate the uptake and use** of NICE-approved **clinically effective and cost-saving medical devices, diagnostics and digital technologies** that will **improve patient outcomes** (underpinned by ambitions detailed in the Long Term Plan). Policy aims are to:
  - i) direct the NHS on which MedTech innovations are effective and likely to give savings on investment
  - ii) ensure the NHS has a sustainable approach to overcoming the financial barriers to adopting medical devices, diagnostics and digital products
- **Supported by NHS Standard Contract** and the National Tariff Payment System
- In Year 1 (2021/22), the policy will **support 4 technologies,** some which have already been already adopted by Trusts across England through the NHS England Innovation Technology Tariff / Payment (ITT/ITP) programme
- Supported technologies include; **placental growth factor based testing (PlGF), SecurAcath**, **HeartFlow FFRCT** and **GammaCore.** See Appendix 1 for product overviews – slides 7 & 8

Background

'COVID-19 has impacted all of our lives and been the greatest challenge to the NHS in generations. The response to COVID-19 delayed the previous launch of the MTFM, but the response has also taught us that we now can't lose the opportunity to embed positive changes' – Matt Whitty

MedTech Funding Mandate (MTFM)

- **NICE medical technologies guidance (MTGs) and NICE diagnostic guidance (DGs)** were reviewed to identify devices, diagnostics or digital products that:
  - Are effective (demonstrated through a positive NICE MTG or DG)
  - Deliver material savings to the NHS
  - Are cost-saving in-year – NICE modelling demonstrates a net saving in the first 12 months of implementing the technology (Year 1 mandate criteria only)
  - Are affordable to the NHS

- To support adoption of the policy **in Year 1 (2021/22), limited products have been included** – all 4 supported technologies are products which have been supported through the NHS England ITT/ITP programme. ITP pre-requisite to be removed in in 2022/23

- **Additional technologies to be supported by the policy will be released in July**, with a policy refresh each December

2021/22 summary criteria

'The policy will be published annually in December following a review and feedback improvement cycle which will become effective on 1 April the following year'.

MedTech Funding Mandate (MTFM)

Funding use

- The mandate does not directly fund the technologies in the policy. NHS funded care **providers are to be reimbursed by their commissioner**
- Annex A of the NTPS lists the MTFM technologies, called the **innovative products list**. Items listed are **excluded from national prices** and reimbursed by NHS commissioners

Actions required of providers and commissioners

- **Providers will need to** understand which technologies have been implemented under ITP and which they will need to adopt, and engage commissioners via appropriate routes (see policy paragraph 77)
  - Providers are advised to work with the product supplier to complete site-specific business cases for CCG consideration
  - Where providers have adopted under ITT/ITP, provision must be made for a change in payment flows when ITP support ends on 31 March 2021 (engaging commissioning and costing teams)
- **Commissioners should engage with their providers**, understand the technologies and corresponding benefits, and advance commissioning conversations accordingly (see policy paragraph 78-79)
- The AHSN can **support this process**

Funding and next steps

MedTech Funding Mandate (MTFM)

Procurement

- Technologies can be **procured through the relevant NHS Supply Chain** framework from 1 April 2021

NHS Standard Contract

- The NHS Standard Contract **will require both commissioners and providers of NHS-funded services to comply**, where relevant
- This builds on existing contractual requirement(s) to have regard for guidance published by NICE
- **Compliance is not relevant where** NICE recommendations are not relevant to the organisation (e.g. services not provided) or if another/alternative treatment is better suited to a patient
- Provider and commissioning organisations may wish to review how they demonstrate compliance

Procurement and Compliance

'Uptake data will be included in the AAC scorecard and monitored through the AAC board'.

Wessex AHSN can support providers and commissioners with policy interpretation, implementation and transition from ITP to the MTFM – details of the support available are referenced in the Guidance (para 64 onward and 86 onwards)

Wessex AHSN;

- Has **extensive knowledge of the technologies**, **existing relationships with the suppliers** and are linked into the national product working groups through our involvement in the NHS ITT/ITP programme
- Has **supported providers and their relevant clinical teams** who have chosen to adopt the technologies under the ITT/ITP. This support will be ongoing to facilitate the transition away from ITP
- For providers who decided not to adopt under the ITT/ITP programme and wish to understand more, we are happy to revisit conversations together, link you with your relevant supplier (if not already connected with one another) or answer any further questions you may have
- For commissioners, we are happy to connect you to provider teams (where you aren't already) to engage and map out the next steps

Wessex AHSH has a dedicated team who are available to support further discussions around the MTFM. If there is anything you would like to know more about, please get in touch Joe Sladen - Associate Director of Nationally Prioritised Innovations

Support available from WAHSN

'NHS England established the AHSNs in 2013 to spread innovation, improve health and generate economic growth. Each AHSN works across a distinct geography serving a different population in each region and is connected the regional and local NHS structures'

Additional information can be accessed online and viewed within the published Guidance

National Policy and related documents

- The NHS Long Term Plan
- MedTech Funding Guidance January 2020
- NHS Accelerated Access Collaborative
- NHS England / Improvement Innovation Technology Tariff / Innovation Technology Programme
- NHS Operational Planning and Contracting Guidance
- National Cost Collection for the NHS
- NHS Approved Costing Guidance 2020
- 2021/22 NHS Standard Contract

National and local implementation support (detailed within the guidance)

- 'Adoption and Implementation support' available detailed in the Guidance, Sources include NICE, AHSNs, Suppliers and the AAC team

Related links

- More information on NICE MTGs and DGs
- AHSN Network

Further resources and links

Appendix 1 - Technologies

Refer to Annex 1 MTFM Guidance

NICE reference	Description of innovation	Clinical benefit (as stated by NICE)	Patient benefit (as stated by NICE)	Link to NICE guidance and product website
MTG32 HeartFlow	HeartFlow FFRCT estimates fractional flow reserve from coronary CT angiography (CCTA) for patients with stable, recent-onset chest pain, therefore avoiding invasive investigation and treatment.	HeartFlow FFRCT is as accurate as CCTA in excluding coronary artery disease and characterises the coronary arteries from both functional and anatomical perspectives, differentiating between ischaemic and non-ischaemic vessels in a way that CCTA cannot. The coronary lesions responsible for coronary artery disease can be identified without the need for invasive procedures and further non-invasive tests.	• Replaces the need for an invasive procedure in a specialist cardiology procedure suite. • Reduced length of stay. • Reduced hospital visits as multiple diagnostic tests such as exercise tests and stress tests are not required. • Faster diagnosis. • Reduced waiting times for patients waiting for a procedure in the specialist cardiology procedure suite.	• https://www.nice.org.uk/guidance/mtg32 • https://www.heartflow.com/
MTG34 SecurAcath	SecurAcath is a device to secure peripherally inserted central catheters (PICCs) and should be considered for any PICC with an anticipated medium to long-term dwell time (15 days or more).	SecurAcath is easy to insert, well tolerated, associated with a low incidence of catheter-related complications and does not usually need to be removed while the catheter is in place. Further clinical benefits include no interruptions or delays from the catheter becoming dislodged. Fewer repeat procedures are needed because SecurAcath improves vessel preservation and reduces need for re-insertions. There are also fewer complications such as dislodgements, migration, thrombosis and infection.	• No risk of medical adhesive-related skin injury. • No requirement for frequent adhesive fixing changes. • Reduced risk of interruption to treatment. • Reduced risk of catheter-related infection. • Reduced pain on insertion and while in situ. • Reduced need for unplanned catheter removal and re-insertion.	• https://www.nice.org.uk/guidance/mtg34 • https://securacath.com/

Appendix 1 - Technologies

Refer to Annex 1 MTFM Guidance

NICE reference	Description of innovation	Clinical benefit (as stated by NICE)	Patient benefit (as stated by NICE)	Link to NICE guidance and product website
MTG46 gammaCore	gammaCore (electroCore) is a non-invasive vagus nerve stimulator used to treat and prevent cluster headaches. It is self-administered by the person or their carer.	Clinical evidence shows that, for some people, using gammaCore as well as standard care reduces the frequency and intensity of cluster headache attacks and the need for medication. This is likely to significantly improve quality of life for people living with this condition.	• Significant quality of life improvement from reduced pain during an attack. • Reduced need for expensive medication. • Reduced hospital visits.	• https://www.nice.org.uk/guidance/mtg46 • https://www.gammacore.co.uk/
DG23 PIGF	Placental growth factor (PIGF)-based tests are intended to be used with clinical judgement and other diagnostic tests, to help rule out suspected pre-eclampsia. This assessment focuses on ruling out pre-eclampsia in the second and third trimesters of pregnancy.	Using PIGF-based tests in addition to standard clinical assessment could result in a faster and more accurate diagnosis of pre-eclampsia, and better risk assessment for adverse outcomes in women with suspected pre-eclampsia. It could also allow women in whom pre-eclampsia has been ruled out with a PIGF-based test to return to community care instead of being admitted to hospital for observation.	• Reduced length of stay if patient already admitted. • Admission avoidance if test carried out without admitting patient. • Reduced need for further third trimester scans. • Increased assurance reduces stress for patients.	• https://www.nice.org.uk/guidance/dg23 • https://diagnostics.roche.com/global/en/products/params/elecsys-sflt-1-plgf-preeclampsia.html • https://www.quidel.com/immunoassays/triage-test-kits/triage-plgf-test