



# Innovative Health Technologies Programme

**Final International Conference**  
**Closing address: Looking Beyond  
the IHT Programme**



# IHT the autobiography...

- First national conference 2002: Consolidating the research and making cross-cutting links
- Second 2003 : Engaging with Policy
- Third 2004: Delivering and Experiencing IHTs: Users' Perspectives
- Final 2005: Future Research and Policy Needs



IHT Album: 2001-3



2004-5



Pushing forward the frontiers of  
knowledge in Rome...



## Broadened social science links and disseminated results widely...

- **DoH: Health informatics programme; AGGR; HTA programme; NHSE; NHSConfederation; NHS SDO**
- **Other RCs: MRC, BBSRC, other ESRC Programmes...and funders, Wellcome Trust**
- **Patient Charities: CFTrust; GIG; Hospice Movement; CVS groups etc**
- **Commercial sector: HiTF; GSK; HTD**
- **Government: HoC S&T Committees; POST;**



## How new...?

**Medical technology today...meaning of health and illness and treatment being redefined:**

- **technology that is designed to be *embedded* within the body (smart prosthetics/monitoring)**
- **technologies are *projective* of the body and its pathologies across time and space**
- **technologies are increasingly *hybridised* : redefine boundaries and disease**
- **the *representational* power of new health technologies provides for new classification**



# Future Research and Policy Needs I

- **‘Choice’, clinical governance and self-care:**
  - DH’s movie towards patients making choices and shared decisions about their own health care. Future role of the professional?
  - Patient-centred technology/care: Technology has been centralising; now distributive. Implications for regulatory framework, safety and counselling
  - Strategic gap in understanding and service provision for self care: What would an NHS be like that had supporting self care at its core?



# Future Research and Policy Needs II

- Risk communication

**Language of 'risk profiles' rather than simply 'symptoms'**

**But there is no simple response to genetic risks, and the effects are unpredictable.**

**Implications for a restructuring of health delivery and resourcing?**



# Future Research and Policy Needs III

- Evaluation of IHTs:

How the various types of 'evidence' for decision support can be combined with public and patient choice.

Evaluation needs to be based on three forms of evidence: experimental (as in RCTs), evidential, and experiential.

These three need to be brought together in new algorithms to serve public policy and clinicians more effectively.

- New technologies pose new questions for clinicians in regard to markers of clinical utility (eg how will biomarkers in PGx be implemented in the clinic?)



# DH's Strategic Implementation Group

- New Centre for Evidence-based Purchasing (CEP)
- NHS Collaborative Procurement Hubs  
(clinician advice on purchasing decisions)
- Different types of IHT:
  - incremental technology;
  - disruptive (complex, invasive, specialist)
  - disruptive in that they pose challenge to delivery infrastructure
  - Govt recognises need 'different strategies for each of these' → role for social science



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- **All 31 project teams**
- **Palgrave Macmillan – Jill Lake**
  
- **Stephanie Hazel-Gant and Luana Pritchard**