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 restructiring 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

Thanks from the Programme to:

- **ESRC - Ian Diamond, Ros Rouse, Joy Todd, Waqar Ahmad**
- **MRC – George Radda, George Sarna**
- **GSK – Malcolm Skingle**
- **All 31 project teams**
- **Palgrave Macmillan – Jill Lake**

- **Stephanie Hazel-Gant and Luana Pritchard**