Medical Technology Group
2009 End of year review and forward look
2009 Achievements
MTG Bulletin – our core platform

• 3 issues published
  – Topics included the Health Bill, Kennedy Review, OLS Report.
  – Featured technology: ICDs, chronic wound care, computer navigated surgery, UFE and insulin pumps.

• Reached 2,000 stakeholders via bespoke dataset
  – Parliamentarians, PPCs, officials, the NHS, professional bodies, academics, think thanks

Outputs:
- Professionally designed, full colour, MTG branded bulletin
- MTG positioned within mainstream health debates
- Regular contact with Parliamentarians and other target stakeholders on key issues and technologies
The MTG Action Plan

• Hard-hitting campaign report from MTG with clear messages and cohesive recommendations

• National launch on 25 November
  – National, trade, online, broadcast and print media targeted, every Parliamentarian, PPCs, NHS and third party stakeholders

• Front bench endorsement
  – Quotes from Stephen O’Brien and Norman Lamb

“We should be proud of Britain’s strength in medical technology, SMEs are the engine-room of our economy generating employment and wealth for individuals and for the country as a whole.”

“I want to build a health service where procurement delivers the best possible patient and financial outcomes, rather than focusing on short term targets, and where specialist equipment is not treated as just a commodity, but as a value for money use of public money.”

Stephen O’Brien MP
The MTG Action Plan

Outputs:
- National mainstream and specialist news coverage
- Concrete set of messages and recommendations on which to secure meetings in 2010
- Engagement with front bench health teams and increased profile
- Outreach of 2,000+ stakeholders with MTG call to action
- Interest from 5 organisations/individuals now wishing to join the MTG
- A new business card to capture the role of the MTG and win new advocates

More opportunities:
- Cardiology News
- British Journal of Nursing
- Practice Nursing
- British Journal of Hospital Medicine
- Health Business
- National Health Executive Magazine (National Programme for IT)
MTG Parliamentary Showcase

• Annual showcase held on 13 October in the Attlee Suite
• 18 Parliamentarians attended:
  – Speeches from Dr Des Turner MP, Norman Lamb MP, Tina Amiss of the CMA, Prof John Pickup and John Davis representing the MTG.
  – 14 MTG members were represented.

Outputs:
- Strengthened the MTG ‘brand’ and annual showcase event in the minds of Parliamentarians
- Further engagement and contact building with political targets
- Photos and other collateral that members can use in their own communication/marketing materials
Pump Action Campaign

• Joint INPUT and MTG campaign, with sponsorship from Adrian Sanders, Chair of the APPG on Diabetes

• Integrated PR and PA campaign underpinned by a survey of PCTs and grassroots action

• Campaign objectives
  ➢ To raise awareness among Parliamentarians of the gap in NICE guidance and established Government policy on insulin pumps, and the actual provision of pumps to patients who need them;

  ➢ To spur supportive action by Parliamentarians and policymakers to promote and increase insulin pump usage in the UK as a means to improve patient care and address Type 1 diabetes;

  ➢ To drive action from PCTs to invest in the appropriate training, infrastructure, and consumables to enable improvement in the number of health professionals who are capable of offering clinically appropriate insulin pumps for Type 1 diabetes.

• PCT survey and letter ready to roll – WS co-ordinating 3-way signatories – MTG, APPG and INPUT

• Campaign delivery begins at the beginning of Jan 2010
Stakeholder engagement

MTG meetings and engagement with:

- Alistair Rutherford – Associate Director for Clinical Implementation
- Annie Coppell – Associate Director for Commissioning
- Richard Caves – Director of Information Management and Technology
- Andy Brown - Head of the Centre for Evidence Based Purchasing
Stakeholder engagement

Weber Shandwick briefings with:

- Louise Fish – Communications Director of NHS Confederation
- Jamie Rentoul – Director of Strategy at the CQC
- Henry Featherstone – Health lead at Policy Exchange
Parliamentary activity

• Health Select Committee
  – Submission to Commissioning Inquiry
  – Inquiry on-hold but clerk has acknowledged the MTG’s submission

• Health Act 2009
  – Briefings dispatched to Parliamentarians
  – Briefing note for members re: the implications of the Health Bill
  – Drafted MTG position statements on the NHS Constitution, Innovation Prizes, Direct Payments
  – Members given tailored materials to contact their MPs
  – Sent focused briefings to 20+ MPs including Andrew Lansley and Earl Howe

• Activity during the recess – Party Conferences
  – WS attended fringe meetings of interest and monitored relevant platform speeches
York Research

- The MTG conceived commissioned research from the York Health Economics Consortium:
  - to define and quantify the benefits of medical technology beyond the NHS;
  - including an assessment of non-clinical benefits for patients

- The research is in development but we are set to secure the following deliverables:
  - New evidence of the positive impact of medical technology on wider societal outcomes
  - A framework on which to evaluate these benefits more widely
  - Conclusions as to the impact of these benefits on public spending and public policy goals
New website

• Information about our membership, latest developments in the med tech sector, and updates on MTG’s policy and campaigning activities

• Professional on-line ‘face’ for the MTG – helping to inform the public, policy makers and media about the value of medical technology

• Interaction with website users:
  ➢ Sign up to email updates
  ➢ Contact mail@mtg.org.uk
  ➢ Clear signposts for potential new members
  ➢ Regular news updates

• Platform on which to grow digital activity in 2010
Weekly Reports – a core service

• A weekly round up of all media coverage, Parliamentary activity and government announcements relevant to the MTG.
  – Commentary on all critical events, explaining their relevance to the MTG and members.
  – A snapshot of MTG and Weber Shandwick activity to keep all members in the loop.
Other ‘wins’ in 2009

In October The HSJ published the MTG’s views on the tariff

• We argued that if NHS hospitals face a limit on the number of patients they can treat at full tariff next year, patient care could be seriously impaired.

• It also runs contrary to the QIPP (quality, innovation, productivity and prevention) agenda.

In August we partnered with Policy Exchange – an influential think tank close to David Cameron – to survey patients’ attitudes to choice in primary care.

• Report authored by Henry Featherstone will be published before the end of the year featuring findings from the MTG survey
2010 – Our proposals, developed together
Objectives for the year ahead

1. Boost understanding and awareness of the positive impact of medical technology on patients’ lives, within the NHS and for wider society.

2. Cement existing relationships with Parliamentarians, and key stakeholders in the NHS and develop partnerships to deliver improvements together.

3. Prepare for political change by winning new advocates ahead of the next Election and in the new Parliament to help drive transformational change, and increase uptake of medical technology in the NHS.

4. Continue to raise the profile of the MTG, and provide opportunities for members to reach senior audiences, and to showcase the positive impact of different technologies through a variety of channels.
The current health policy landscape

• Kings Fund estimates NHS budget could be reduced by 2-3% at a time of growing demand through population change, technological advance and an increasing burden of ill health (chronic and long term conditions).
  – £20bn savings from 2011 onwards.
  – NHS will experience a ‘significantly reduced rate of expenditure’.

• The ‘new’ health consensus: a publicly funded system, free at the point of use, and the need to deliver radical cost savings and higher quality to address increased demand and higher expectations.

• Areas driving change:
  – organisational and structural reform
  – the localisation agenda
  – delivering choice for patients
  – co-operation v competition
  – service re-design.

• ‘Quality Innovation Productivity and Prevention ‘ a forward-looking agenda for the NHS
During November, the average Conservative lead has narrowed slightly. Overall, the Conservative lead is 12%, which is down 2% from last month

The current national prediction is that the Conservatives will have a majority of 52 seats, winning 351 seats (-7 seats since 2 November 2009)

The odds:

<table>
<thead>
<tr>
<th>Possible Outcome</th>
<th>Odds</th>
<th>Chance</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Con majority government</td>
<td>8-5 on</td>
<td>62%</td>
<td>Conservatives govern on their own</td>
</tr>
<tr>
<td>Lab majority government</td>
<td>9-1 against</td>
<td>10%</td>
<td>Labour govern on their own</td>
</tr>
<tr>
<td>Con - Lib coalition</td>
<td>6-1 against</td>
<td>14%</td>
<td>Lib Dems only have enough seats to support the Conservatives</td>
</tr>
<tr>
<td>Lab - Lib coalition</td>
<td>11-1 against</td>
<td>8%</td>
<td>Lib Dems only have enough seats to support Labour</td>
</tr>
<tr>
<td>Lib Dem choice of government</td>
<td>18-1 against</td>
<td>5%</td>
<td>Lib Dems have enough seats to choose which party governs</td>
</tr>
<tr>
<td>Fragmented parliament</td>
<td>125-1 against</td>
<td>0.8%</td>
<td>Lib Dems do not have enough seats to form a two-party coalition</td>
</tr>
</tbody>
</table>

Source: Electoral calculus
A Conservative agenda

‘We need to focus on outcomes, not targets.’

‘We have a plan for change. A plan for improving the NHS. A plan that puts you – the patient - in the driving seat.’

Outcomes not targets:
- Whitehall targets would be abolished in favour of health-based clinical outcomes
- The QoF would be simplified to focus on outcomes, improve integrated commissioning and incorporate patient-reported measures
- Prevention will be the key focus for the Public Health Directors

An end to top-down management:
- Empowering patients with real choice over their GP, hospital, and treatments, and an ability to record and measure their experiences
- Giving GPs responsibility for real budgets and enhanced commissioning powers
- Creating an independent NHS board

Personal responsibility:
- A new Department for Public Health
- Asking the public to take more responsibility for lifestyle choices that create unsustainable demands on the NHS
Our Strategic Approach

• Refresh our positioning:
  ➢ medical technology as a solution to the conundrum of 21st century publicly funded health system

• Accelerate engagement through a multi-channel approach to shape attitudes ahead of the General Election and establish medical technology as a priority issue for the new Parliament
  ➢ Maximise the MTG’s digital presence
  ➢ Highlight the real-life impact of medical technology through imaginative and PR-able tactics.

• Harness existing collateral and add value with new initiatives:
  ➢ Roll-out the Action Plan to coincide with the crystallisation of manifestos and the engagement of PPCs
  ➢ Communicate fresh evidence of the cost effectiveness of medical technologies through an SROI approach (YHEC Research)
A strong framework for action

• Increase telephone contact with MTG members – completion of our audit initiative and write up of findings

• Fortnightly status report on activity highlighting opportunities for members to get involved

• New process for document development (e.g. consultation responses/position papers) – seeking input from members prior to drafting submissions etc

• Members section on website to be utilised to feed in comments and generate ideas and discussion

• Evolution of MTG ‘working groups’ – WS to work with MTG to identify members to take the lead on specific initiatives
Top-level engagement

• Collateral to ‘feed’ engagement
  – MTG Action Plan and recommendations
  – YHEC research
  – Development of 2-3 issue based briefings for use by the MTG (e.g. PbR, ‘why is the UK slow to adopt med tech’?)
  – One of these briefings should address an emerging policy that has been identified by the MTG as potentially detrimental to med-tech (i.e. tariff caps)
  – General Election/introductory briefing for PPCs and existing APPG members

• Audience ‘clusters’
  – Med-tech/HTA
  – Political
  – Clinical
  – NHS/Commissioning

• Message and channel selection tailored to the specific audience
Top-level engagement - snapshot

- Dinner or roundtable (with MTG members)
  - Stephen O’Brien MP
  - Baroness Young – CQC
  - SHAs – Directors of Innovation and Technology
  - David Freud – Shadow Minister for Work and Pensions

- Quarterly MTG members meeting
  - Karen Wilson of Policy CQC
  - Howard Catton – RCN
  - Louise Fish/David Stout – NHS Confed
  - Professor Steve Field – RCGP
  - NICE/CEP

- Bespoke briefings - MTG delegation (charity and industry)
  - Jim Easton – Head of QIPP
  - Mike Sobanja – NHS Alliance
  - Philip Hammond MP
  - PPCs – Nick Boles, Philippa Stroud, Paul Bristow
  - Jenny Parsons/Eve Atkins
  - Steve Lotinga
Widening Parliamentary engagement

- PPC and MP-peer mapping

- Develop General Election med-tech briefing for PPCs and interested Parliamentarians including current APPG membership

- Dispatch by mid-Jan and secure face to face meetings with two or three MTG representatives per meeting

- Sound out current APPG members regarding the establishment of a refreshed group – APPG on ‘Patient Need and Health Innovation’

- Members to identify centres of excellence where we can look to coordinate local PPC visits and drive media coverage
Hitting the ground running post-Election

• MTG briefing for new Government and Shadow Teams, Select Committee and interested Peers
• Internal guidance for members on the implications of the Election and steps they can take: a toolkit for engagement
• Further to MP/PPC engagement, a new APPG with MTG acting as the Secretariat
Securing influence via Think Tanks

- Act on a weekly diary of relevant meetings and events to members
  - WS representative to attend and report back
- WS to conduct landscape review of think tanks’ 2010-11 work programmes
- Secure meetings with key researchers to discuss ways in which the MTG can feed into studies/publications:
  - Field expert panel speakers at events
  - Provide case studies and evidence reviews
  - Interview opportunities with 40 charity/industry members
Leveraging speaking opportunities

• MTG presence at national conferences run by key NHS players
• Host interactive stand with health checks and patient reps
• Co-ordinate fringe meetings identifying hot topics
  – RCN – 11-13 May ‘can nurse specialists improve patient access to innovation?’
  – NHS Confederation – 23-25 June ‘quality vs cost – can we square the circle?’
  – NHS Alliance – October ‘From price to value – commissioning in a 21st century NHS’

• Target re-formed APPG groups offering MTG as a speaker
  – Diabetes
  – Cardiac Risk
  – Chronic Pain
Medical Technology Summit

• MTG to host a mid-year summit to debate and discuss the role of medical technology in society

• Formal launch of new research from YHEC into the societal benefits of med technology

• Work with key partners ahead of the summit to develop a consensus statement on which to prioritise public investment in medical technology

• Present actions in the form of a charter for key actors to subscribe to

[Logos of various organizations]
Launching YHEC and bringing it to life

• New research into the societal benefits of med tech

• Evaluate news angles, build supporting collateral and deliver targeted sell-in
  – Health Business, HSJ, the FT, Radio Four Case Notes

• Develop political briefing for Parliamentarians and officials
  Office of Government Commence
  – HMT, DWP, DH, DCSF – Public Service DGs/Strategy

• Online consultation on the Report and recs
Specific campaigns – Insulin Pumps

• Delivery of Insulin Pump campaign – helping to drive local political and media interest under the MTG banner

• Outputs in 2010:

  ➢ New evidence of the gap in provision of insulin pumps to those who are eligible under NICE guidance
  ➢ Local and national media coverage of the campaign
  ➢ A report and political briefing paper and set of recommendations to launch to political stakeholders
  ➢ Focused action on a specific medical technology to give focus to the work of the Group and provide leverage for future campaigns in 2010 and beyond
Specific campaigns – UFE

• Initiate next bespoke campaign in Q3-4 of 2010

• New campaign tackling lack of uptake of Fibroid Embolisation
  
  – MTG/FEmISA campaign co-ordinated by WS
  – Echoes core MTG messages
  – Highlights failure to implement NICE implementation
  – Hits the right buttons – offering choice to patients, reducing incapacity, offers solutions to NHS challenges (acute beds, clinician time, use of theatre)
  – Female case studies – consumer media angle (regional broadcast)
Driving our message online

• Increase the online profile and activity of the MTG
• Highlight new website in all written and verbal outreach – drive traffic
  – Optimise site through use of links and frequent updates
  – Maximise opportunities to comment, enquire and encourage return visits
    (i.e. online straw polls)
  – Links on member websites to the MTG
• Bi-monthly webcasts
  – Short interviews with MTG members and patients talking about a different technology, challenges and opportunities, interviews
Driving our message online

- Online consultations on MTG documents – the Action Plan, YHEC - publicise to key stakeholders
- Discussion pages – MTG set the topic, to drive online conversation
- Consider e-alert re: new website and contact address
- Social networking for the MTG – Facebook, Linkedin, Delicious
Raising our profile in the media

Establishment of a WS ‘monitor and response’ unit to establish the MTG as a key commentator on big-ticket health, and medical technology related issues:

- Identify ‘trigger’ topics:
  - NICE approval announcements
  - stories on cost cutting
  - IB and employment stories

- Letters to the editor in response to news articles

- Identify broadcast opps – Chairman comment on 5 Live and LBC
Raising our profile in the media

• WS to develop proactive press releases/MTG statement on Government/Opposition announcements arising from:
  
  ➢ DH, DWP, DCSF, HMT and BIS  
  ➢ NAO, Audit Commission  
  ➢ Lib Dem and Conservative teams  
  ➢ Select Committees

• Build bank of new online resources for journalists (photos/videos online)

• Capitalise on added-value free opportunities (i.e. Health Business)

• Identify targeted paid-for opportunities - flag to members and agree case by case
Media targeting

• Proactive features – comment-led, and case study packages with consumer and high brow media (i.e. Femail/Society Guardian)

• Target regional media, using a case study approach:
  - Ministerial /Shadow constituencies (NW)
  - England/Wales border – showing variation in uptake and patient experience
  - Marginal seats – trail PPC visits to centres of excellence or illuminate patient access issues
Telling the story to win supporters

Develop a visual pamphlet showcasing users of med tech – patients and health professionals being interviewed by 10 politicians about their experiences.

- Case studies highlight different experiences e.g.
  - young learner with diabetes
  - older person with hip replacement
  - young mum with cardiomyopathy
  - surgeons and specialist nurses in the NHS

- Articulate the impact of medical technology on their lives/profession.
Telling the story to win supporters

- Approach cross-party politicians to conduct interviews with case studies

- Foreword from MTG Chairman, and positive comment from Government and front bench spokespeople.

- Launch pamphlet at a parliamentary reception
  - co-hosted by the Medical Technology/Patient Need and Health Innovation APPG
  - Set of recommendations to improve access

- National media outreach, including interviews and features with case studies.

- Supportive parliamentary activity to be organised alongside media e.g. Early Day Motion, adjournment debate
Making more of MTG set-pieces

• Parliamentary Showcase
  – Important opportunity to establish the Group in the next Parliament, and educate new MPs about medical technology in a practical and meaningful way
  – Finessing the format - run as a precursor to a formal dinner with a high-profile health focused speaker

• MTG Bulletin
  – Well-recognised publication, valued among Parliamentarians, NHS and wider stakeholders
  – Improve the digital interface with hyperlinks to webcasts and online consultations. Invite online comment on key articles.

• Weekly Report
  – Value for money monitoring report covering Parliamentary, Government and third party developments, plus a media snapshot
  – Dedicated think tank ‘mini-report’ highlight events of interest for members to attend
The Way Forward

Our mission:

• To reinforce the public interest message on medical technology

• To promote investment in effective medical technology to address major public policy challenges, and improve patient outcomes and experiences
The Way Forward

We will do this:

• Through a programme of accelerated and high impact engagement with key political and NHS players

• Using a multi-channel approach embracing integrated PR, PA and online tactics

• We will prepare the MTG for political change, raise the profile of the organisation among new audiences to deliver practical and measurable results in 2010 and beyond