



Technoleg Iechyd Cymru
Health Technology Wales



CELTIC CONNECTIONS - MEMORANDUM OF UNDERSTANDING (MoU)

Between:

1. Health Technology Wales (HTW)
2. Scottish Health Technology Group (SHTG)
3. Health Information Quality Authority (HIQA) Ireland

each being a 'Party' and together being the 'Parties' or 'Celtic HTA bodies'.

1. Background

Health Technology Wales (HTW), the Scottish Health Technologies Group (SHTG) and Health Information Quality Authority (HIQA) Ireland are national bodies undertaking health technology assessment (HTA) and providing advice on the adoption of non-medicine technologies within their respective care systems.* More details on the complementary role and remit of the Welsh, Scottish and Irish groups are outlined in Appendix 1. For the purpose of this Memorandum of Understanding (MoU), the three national HTA bodies are referred collectively as Celtic HTA bodies.

The National Institute for Health and Care Excellence (NICE) is currently brokering agreements to promote closer collaborations between the UK national HTA bodies, including NICE, HTW, the All-Wales Therapeutics and Toxicology Centre (AWTTC), SHTG, Scottish Medicines Consortium (SMC) and HTA leads in Northern Ireland. In addition, an international HTA collaboration agreement is currently in draft between the UK (NICE, HTW, SHTG, AWTTC & SMC) and Australian (Medical Services Advisory Committee - MSAC & Pharmaceutical Benefits Advisory Committee - PBAC) and Canadian (Canadian Agency for Drugs and Technologies in Health - CADTH) HTA Bodies. HIQA is representing Ireland in the medical devices configuration of the European Commission Coordination Group for implementation of the EU HTA Regulation. HIQA is also a founding member of the Heads of HTA Agencies Group which aims to provide strategic support to implementation of the HTA Regulation and strategic support on European HTA collaboration more broadly. Potential overlap may emerge in areas and activities discussed under these respective agreements. There is, however, no intention to duplicate efforts or meetings related to these parallel collaborations.

1.1. Rationale for Memorandum of Understanding (MoU)

There is considerable spend on non-medicine technologies across all care systems. For example, the annual UK spend on non-medicine technologies is estimated to be £11 billion for medical devices alone. Despite this, the three Celtic HTA bodies have modest budgets and a relatively small number of permanent staff

* Note: HIQA also assesses medicine technologies

allocated to inform their care system's adoption and use of non-medicine technologies. However, there is increasing focus world-wide on assessment of non-medicine technologies and development of methodologies to facilitate this. This, alongside a drive for better use of limited resources, suggests that collaborations would appear timely.

It is expected that a MoU, fostering closer linkages between the three Celtic HTA bodies would be mutually beneficial and add value by realising potential economies of scale and scope in non-medicine HTA efforts, making better use of the scarce resources deployed for this purpose.

Specific expected benefits from a MoU are outlined in section 3 below.

2. Objectives of the MoU

The objectives of the MoU between the three Celtic HTA bodies are to:

- Formalise collaboration and partnership working and improved shared understanding of work programmes and processes.
- Explore opportunities to collaborate on and co-produce or adapt evidence reviews on non-medicine health technologies of mutual interest.
- Realise economies of scale and scope in non-medicine HTA efforts, increasing both the volume and range of technology topics for which advice is developed in each country.
- Promote knowledge exchange to inform developments in respective national care systems.
- Enhance professional and personal development opportunities for the scientific and secretariat staff.

3. Organisational benefits of the MoU

Potential organisational benefits associated with adopting this approach, related to each of the key objectives outlined above, include:

- **Formalise collaboration and partnership working and improved shared understanding of work programmes and processes.**
 - Enhancing access to national centres of excellence in non-medicine health technology assessment.
 - Sharing current and prospective work programmes, identifying options for collaboration.
- **Explore opportunities to collaborate on and co-produce or adapt evidence reviews and advice on non-medicine health technologies of mutual interest.**
 - Reducing duplication of effort through early identification of topics of mutual interest and options to share findings or collaborate on projects.
 - Enhancing access to a broader range of key stakeholders e.g. broader networks of policy makers, service planners and clinicians, helping to understand use of technologies in different contexts and settings.
- **Realise economies of scale and scope in non-medicine HTA efforts, increasing both the volume and range of technology topics for which advice is developed.**
 - Optimising use of scarce HTA resources across the three Celtic countries.
 - Through collaboration, reducing resources required to progress shared assessments and prevent duplication of reviews.
 - Increasing evidence review and advice volume through sharing and/or adapting each other's work.
- **Promote knowledge exchange to inform developments in respective national care systems.**
 - Assuring and enhancing the quality of evidence review and advice outputs through development of 'critical friend' peer review and quality assurance processes.
 - Enhancing access to methodological advice drawing on respective strengths of the national unit's e.g. rapid synthesis methods, narrative synthesis, health economics, medical statistics and patient and public involvement.

- Exchanging knowledge and experience on research challenges, developments and approaches to improving the quality of healthcare.
- Producing joint publications and other modes of dissemination increasing the profile of each country's work.
- **Enhance the professional and personal development opportunities for the scientific and secretariat staff.**
 - Advancing the skills of both individual and groups of staff through access to a critical mass of HTA experts and methodologists.
 - Collaborating to increase the frequency and reduce the cost of staff training and development.
 - Building and broadening capacity through access to a wider professional peer group, academic contacts and professional knowledge and experience.
 - Exposing the scientific staff to a broader range of topics developing their subject, methodological and applied experience.
 - Providing a forum for discussion and peer support.
 - Enhancing opportunities for shared learning through both national (HTW, SHTG, HIQA) and international collaborations (HTAi, INAHTA).
 - Improving recruitment and retention by offering varied experience and opportunities to regularly network with a broad range of field experts and positioning staff well to develop their careers in HTA.
- **Explore opportunities to collaborate on and co-produce or adapt evidence reviews on non-medicine health technologies of mutual interest.**

4. Responsibilities under the MoU

Note, where the Parties collaborate on the production of evidence appraisals, each Party should have 'dedicated reviewer' status for its area of responsibility throughout the collaborative evidence review process, quality assuring the methodological rigour of the work as it progresses. Where one Party adapts a completed evidence review from another Party, the responsibility to quality assure the rigour of the source evidence review remains with each Party. The responsibility for the drafting and content of advice based on any collaborative or adapted evidence reviews remains solely with each Party alongside any resultant liability.

5. MoU Executive Group Membership and Escalation

Engagement should take place at a strategic level, with opportunities identified, specific staff linkages facilitated and proposals discussed, and then directed onwards to other staff as appropriate.

It is proposed that an Executive Group, composed of the members below, will oversee the MoU and meet bi-annually (Chaired in rotation) to evaluate its progress and utility. Strategic and operational decision making regarding the MoU should be based on unanimous decision making within the Executive Group.

Director HTW, Unit Head SHTG, Director HIQA and the Chairs of HTW, SHTG, and CEO of HIQA.

Escalation

If a Party has any issues, concerns or complaints about a Project, or any matter in this MoU, that Party shall notify the other Party/Parties in writing and the Parties shall then seek to resolve the issue by a process of consultation. If the issue cannot be resolved within a reasonable period of time, the matter shall be escalated to the Executive Group, which shall decide on the appropriate course of action to take.

6. Operation of the MoU

The MoU may be facilitated in a number of ways, examples include:

- Reciprocal observer membership (with a nominated deputy) of each country's evidence assessment (HTW Assessment Group, SHTG Evidence Review Team and HIQA HTA team) and national committees (HTW Appraisal Panel, SHTG Council, HIQA HTA Scientific Advisory Group).
- Routine sharing of horizon scanning activity outputs, topics referred under open calls and forward work programmes.
- Access to each group's relevant standard operating procedures.
- Co-production of evidence assessments e.g. with each country leading on specific areas (clinical effectiveness, safety, cost effectiveness, patient and social aspects).
- Adaptation of assessments produced by other countries using an agreed methodology e.g. using the EUnetHTA adaptation framework.
- Joint dissemination efforts e.g. publications, conference presentations.
- Co-location opportunities where members of staff can 'shadow' work areas in which they are interested or wish to develop skills in e.g. internships or short-term placements.
- Secondment opportunities where members of staff spend a longer period in another unit.
- Pre-arranged access to methodological or subject area experts.
- Advance notification and reciprocal access to relevant seminars, lectures and training courses.
- Invitations to join short life working groups or committees developing new work areas.
- An informal event, hosted in rotation, that would showcase each country's work and provide opportunities to discuss methodological developments and emergent 'hot topics' in the field.

Specific activities proposed to support collaboration, information-sharing and forward planning are listed below:

- Identification:
 - Co-production of the 'Advice on Health Technologies' Quarterly Bulletin.
 - Intelligence sharing on topic calls and specific topics
 - Intelligence sharing gleaned via various HTA collaboration arrangements e.g. the UK AUS CAN collaboration arrangement that HTW & SHTG are engaged with and the collaborations to support implementation of the EU HTA Regulation which HIQA remains fully engaged with as representative of an EU Member State.
 - Coordinating topic identification and selection via the Accelerated Access Collaborative Innovation Service
 - Supporting the new GB-wide Innovative Devices Access Programme (IDAP) between NICE, MHRA, HTW & SHTG
 - Collaborating on scientific advice with technology developers
- Appraisal:
 - Collaborating on co-production or adaptation of technology assessments
 - Exploring opportunities to collaborate on COVID-19 assessments
 - Collaborating on methodological developments
- Adoption:
 - Sharing approaches relating to understanding the adoption of HTA guidance across the three nations e.g. Sharing of HTW adoption audit methods and annual report to Welsh Government
- Engagement:
 - Sharing HTA and COVID-19 work programmes, topic scopes, schedules, timelines etc (for both health and social care technology appraisals)
 - Sharing expert contact details e.g. professional society contacts & subject expert advisers. Any information shared will be fully GDPR compliant and contact information will only be shared with the consent of those involved
 - Promoting workforce development and training opportunities
 - Contributing to the UK HTA Collaboration (between NICE, HTW, AWTTTC, SMC, SHTG)
 - Engaging in the collaboration agreement between the UK, Australian and Canadian HTA bodies
 - Methodological development and sharing via UK and international HTA collaboration agreements.

- Sharing key developments emergent from UK and international HTA collaborations agreements noted above in which HTW, SHTG and HIQA are collaborators.

Note while the Parties may collaborate to co-produce and/or adapt evidence assessments, responsibility for assuring their quality for their own area of responsibility remains with each individual Party. Further, the responsibility for formation of national guidance based on either co-produced or adapted evidence appraisals rests solely with each individual Party.

In general, it is expected that this MoU will be resource neutral or minimal, facilitated mainly by transfers in kind of staff and expertise.

Future extensions of the strategic alliance could include:

- Provision of specific research support, subject to available capacity and appropriate lead times.
- Development of bespoke training for staff groups on specific topics.
- Funded studentships or placements in units.

In these circumstances, standard tendering and procurement procedures would be followed to ensure appropriate remuneration where necessary.

7. Reporting and Accountability

7.1. Line management

In the event that staff spend a period of time in another organisation e.g. in a shadowing role, line management will remain the responsibility of the employing organisation. It would be expected however that each organisation identifies a host member to whom any issues can be addressed and that the respective staff members would be able to attend relevant meetings relating to their work.

7.2. Project management

For collaborative projects a project lead will be identified from one or other of the collaborating organisations. The visiting staff member will be accountable to the project lead for completion of identified tasks. Project leads will be required to liaise with the appropriate line managers to ensure workloads are appropriate and staff members have the training and resources required to complete tasks and areas of activity. Project leads will therefore be expected to establish an appropriate schedule of communication with line managers at the outset of the project.

Joint meeting(s) of staff member(s), line managers and project leads will be scheduled regularly (frequency dependent on the length of the attachment) to assess individual and project progress, working arrangements and other relevant issues.

8. Evaluation of the MoU

The overall objectives of the MoU will be evaluated considering the following indicators of success:

- Increased and regular communications between the MoU Parties.
- A shared understanding of respective work programme and processes can be demonstrated by adoption of new working methods and/or discussion at relevant meetings.
- Collaboration and/or co-production of evidence reviews relevant to all are initiated and conducted.
- Enhanced professional and personal development opportunities for staff.
- Evidence of knowledge exchange, improved HTA processes and learning to inform developments in care services.

9. Confidentiality & Data Protection

The Parties agree not to disclose any confidential information (e.g. commercial in confidence or academic in confidence data) which they may receive in the course of this MoU to any third party. The Parties shall mark all confidential information as confidential, treat all confidential information as confidential and

shall not make use of such confidential information except in relation to performance of their obligations under this MoU.

No personal identifiable information (as defined in the General Data Protection Regulation EU 2016/679 and any amendments) may be shared between the Parties. All personal identifiable information will be anonymised prior to being shared with another Party.

Before transferring any information, each Party will satisfy itself that such a transfer is not in breach of its own domestic legislative provisions or obligations regarding confidentiality/secretcy or in breach of any other relevant statutory provisions such as relevant Data Protection legislation and the General Data Protection EU 2016/679 and any amendments.

The obligations on the parties under this Clause 9 are legally binding on the parties.

10. Collaborative agreements

When appropriate, the Parties shall enter into legally binding collaborative agreements, or such other agreements as necessary for each proposed collaborative project on terms to be negotiated.

11. Financial arrangements

Each Party will be solely responsible for the administration and expenditure of its own resources associated with activities conducted under this MoU.

12. Variation

Any provision of this MoU may be amended at any time by the mutual consent in writing of the Parties via the respective signatories.

13. Legal disclaimer

This MoU reflects the intentions of the Parties and is not intended to be legally binding, and no legal obligations or legal rights, either in domestic or international law, shall arise between the Parties from this MoU save and except for the obligations on the parties under Clause 9 (Confidentiality and Data Protection). The Parties enter into the MoU intending to honour all their obligations and to collaborate in good faith at all times.

Nothing in this MoU is intended to, or shall be deemed to, establish any partnership or joint venture between the Parties, constitute either Party as the agent of the other Party, nor authorise the Parties to make or enter into any commitments for or on behalf of another Party.

14. Term, termination and jurisdiction

This MoU shall come into effect at last date of signing hereof and shall remain in force with a review every two years unless terminated earlier by any Party, at any time, giving 30 days written notice to the other Parties. Should any Party wish to terminate their participation in the MoU it will still remain in force for the remaining Parties.

The termination of this MoU will not affect the confidentiality undertakings and data protection undertakings or obligations expressed by the Parties under Clause 9 or any commitments given under, or as a consequence of, this MoU in respect of any arrangements or action taken during the period before the termination takes effect.

This MoU may be signed in counterpart, each of which shall be deemed to be an original, but all of which together shall constitute one and the same instrument. The Parties have the option to execute the Agreement by means of a simple electronic signature which shall be considered as an original signature and shall have the same validity, enforceability and permissibility as the original signature for the purpose of this Agreement.

Signatories

Signature		
Name	Dr Susan Myles	Professor Peter Groves
Designation	Director Health Technology Wales	Chair, HTW
Date	31/07/22	31/07/22
Signature		
Name	Mr Edward Clifton	Dr Neil Smart
Designation	Unit Head, SHTG	Chair, SHTG
Date	30/09/2022	30/09/2022
Signature		
Name	Dr Mairin Ryan	Angela Fitzgerald
Designation	Director, HTA	CEO, HIQA
Date	02/08/22	02/08/22

Appendix 1: HTW, SHTG, & HIQA Remits

Health Technology Wales (HTW)

Health Technology Wales (HTW) was established by Ministerial recommendation^{1,2} to support a strategic, national approach to the identification, appraisal and adoption of non-medicine health technologies into health and care settings. The HTW Appraisal Panel comprises senior representation from all Welsh boards with delegated authority to produce national guidance on non-medicine technologies. The status of HTW guidance is 'adopt or justify'. There is an expectation from Welsh Government that HTW guidance is implemented with adoption regularly audited by HTW.³

1. National Assembly for Wales, Health and Social Care Committee. Access to medical technologies in Wales. December 2014.
2. Response to Recommendations from the Health & Social Care Committee: Inquiry into Access to

3. Gethin, V. Letter to all Health Board Chairs re Funding for Sacral Nerve Stimulation in Wales. VG_01655_17. September 2017.

Further detail on HTWs strategic goals and objectives can be found in the [HTW Strategic Plan 2021-2025](#).

Further detail on the work of HTW can be found on its [website](#).

HTW is also a Collaborating Partner in the [Welsh COVID-19 Evidence Centre](#) which aims to ensure the best available, up-to-date, and relevant evidence is readily available to our stakeholders who are involved in health and social care across Wales, to inform COVID-19 decision making.

Scottish Health Technologies Group (SHTG)

The Scottish Health Technologies Group (SHTG) is an advisory group set up to provide assistance to NHS Scotland boards when considering selected health technologies, excluding medicines which will be reviewed by the Scottish Medicines Consortium (SMC).

The remit of the SHTG is to provide advice on the evidence surrounding existing and new technologies likely to have significant implications for people's care in Scotland. SHTG's advice should support the planning and decision-making processes in NHS boards.

Further information on SHTG can be found on its website: [Scottish Health Technologies Group \(shtg.scot\)](#)

Health Information Quality Authority (HIQA)

The Health Information and Quality Authority (HIQA) has a statutory remit to evaluate the clinical and cost-effectiveness of health technologies, providing advice to the Minister for Health and to the Health Service Executive (HSE). HIQA undertakes HTAs to inform national-level policy decisions and national health service decisions. HIQA assesses the clinical and cost-effectiveness of health policies, medicines, equipment, diagnostic and surgical techniques, health promotion and protection activities and provides advice to enable the best use of resources and the best outcome for people who use our health service. Typically HTAs undertaken by HIQA cover a range of domains, including clinical effectiveness and safety, cost-effectiveness and budget impact, organisational, social aspects, and ethical and legal issues.

The embedded guidance document provides an overview of HTA and how it is conducted by HIQA.



More information on HIQA HTA outputs can be found at:

www.hiqa.ie/areas-we-work/health-technology-assessment