

Issue 2 - 2025

April - August

[www.hiqa.ie](http://www.hiqa.ie)

# BULLETIN

## Health Technology Assessment Evidence Synthesis

Find out what we did



# Quarterly Newsletter

With the summer soon behind us, welcome to our second bulletin of 2025! This edition of our bulletin will cover the work and activities we completed through April to August in the area of health technology assessment (HTA) and evidence synthesis. Our aim is to provide a brief overview of our most recent reports, and to highlight the conferences we have attended.

All of our publications are available to read in full on our website, [www.higa.ie](http://www.higa.ie).

During Spring and early Summer, three public consultations were launched as part of ongoing health technology assessments (HTAs). One HTA is assessing providing a telephone service for acute, none urgent medical needs, another is focussed on screening men for abdominal aortic aneurysm, and a third HTA is examining the potential extension of the Bowel Screen programme to include people aged 50 to 54. These consultations reflect our commitment to evidence informed decision-making and stakeholder engagement.

We generically justified magnetic resonance-guided radiotherapy (MRgRT) for patients with cancer who need external beam radiotherapy and we published an evidence review of specialist cardiac services.

We also participated in, and contributed to two international conferences, highlighting the role of HTA in informing healthcare policy and practice.

You can read more about these activities and other updates in the following pages.



As always, we appreciate your feedback, and welcome suggestions for future editions. Reach out to us at [htanews@higa.ie](mailto:htanews@higa.ie) — and please share this bulletin with anyone you think may be interested.



DR MÁIRÍN RYAN

**Deputy Chief Executive  
Director of Health  
Technology Assessment**

## In this newsletter you can expect:

Public  
Consultations

Ionising  
Radiation

HTAs

CICER

Rapid HTA  
survey

Conferences

# Consultations

## Screening for Abdominal Aortic Aneurysm in Men

In May, we opened a public consultation on our draft health technology assessment (HTA) of screening for abdominal aortic aneurysm (AAA) in men.

The assessment, which aims to inform a recommendation on the potential introduction of a national AAA screening programme in Ireland, was requested by the National Screening Advisory Committee (NSAC).

### What is AAA?

AAA is a ballooning of the aorta, which often presents no symptoms but can be fatal if it ruptures. While relatively rare, it becomes more common with age, particularly in men over 65. Early detection through screening can significantly reduce the risk of death from rupture.

### We reviewed...

The draft HTA evaluates the clinical effectiveness, safety, cost effectiveness, and ethical implications of introducing such a programme.



Our Deputy CEO, Dr Máirín Ryan emphasised the importance of balancing the potential benefits of screening with risks associated with surgery and the impact of declining AAA prevalence, which is partly attributed to reduced smoking rates.

“

It is important to weigh the benefits of screening against surgical risks, especially as AAA rates decline due to reduced smoking.”

Members of the public were encouraged to provide feedback via an online survey on our website which closed in June. The final report will inform NSAC's recommendation to the Minister for Health and will be published later this year.



# HTA

## A protocol for HTA of Teledermatology to support management of primary care referrals

Mid-May, we published a protocol for our upcoming HTA on the use of teledermatology to support the management of primary care referrals.

### Exploring

The assessment will explore how teledermatology; using clinical images or videos alongside referral letters, can improve the triage and management of referrals from primary care to specialist dermatology services.

### Why is there a need?

Demand for dermatology care in Ireland is rising, driven by an ageing population, increasing rates of skin cancer, and improvements in treatment options. As a result, outpatient waiting lists remain a significant challenge.



**Our Chief Scientist Dr Conor Teljeur said: "With longer waiting lists, there is a need to think about strategies that can maximise access to specialist care services for everybody, and teledermatology has the potential to support both the timely delivery of care, and manage the demand for specialist dermatology services."**

### HSE's Model of care

This approach could support the Health Service Executive's (HSE) model of care for dermatology by promoting more efficient use of specialist resources and improved access for both adults and children.

Teledermatology enables dermatologists to make initial decisions remotely, such as prioritising patients for in-person consultation or redirecting cases to more appropriate care pathways.

The final HTA will provide recommendations to inform national policy and service planning in dermatology.

# Consultations



## HTA of a Telephone Service for Acute Non-Urgent Medical Care Needs

In June, we launched a public consultation on a draft HTA of introducing a national telephone service specifically for individuals with acute but non-urgent medical care needs in the pre-hospital setting.

### What is proposed?

This proposed service would complement the existing 112/999 line, which is reserved for urgent emergencies. The HTA, requested by the Health Service Executive (HSE), aims to inform a decision by the Minister for Health and the HSE on whether to implement such a telephone service in Ireland.

### International Evidence

International evidence shows that similar services in countries such as the UK, Denmark, Sweden, Australia, and Canada can, and do, help callers access timely assistance and appropriate care.

Our Chief Scientist, Dr Conor Teljeur noted that a new telephone service for non-urgent care could help the public navigate healthcare options more effectively:

Call handlers can support individuals with acute but non-urgent issues to access the right care at the right time, in the most appropriate setting.

### Potential Costs

While potentially beneficial, implementation would require significant investment, with estimated five-year costs ranging from €35 million to €250 million, depending on different levels of demand, staffing models and operating hours.

The consultation ended in June and we expect to publish the full report later this year.

# Consultations

## Public Consultation on HTA of Lowering Bowel Cancer Screening Age to 50

In early July, we launched another public consultation on a draft HTA regarding the potential extension of the BowelScreen programme to include people aged 50 to 54.

The HTA examines the clinical effectiveness, safety, cost effectiveness, and broader implications of expanding the national bowel cancer screening programme. Currently, a commitment exists to screen those aged 55 to 74.



Bowel cancer is the third leading cause of cancer death in Ireland and is more commonly diagnosed in older adults. Screening uses a faecal immunochemical test (FIT) to detect hidden blood in stool, with positive results followed by colonoscopy.

Our Deputy CEO, Dr Máirín Ryan noted that bowel cancer screening can detect cancer at earlier stages when there are no symptoms. Cancer found at earlier stages is easier to treat, which can improve outcomes for patients.

**“We also need significant investment to expand bowel screening capacity,” she added.**

Members of the public can share their views by completing a consultation form available at [www.hiqa.ie](http://www.hiqa.ie).

The consultation closed on 15 August 2025. The final report will inform the National Screening Advisory Committee’s (NSAC) recommendation to the Minister for Health.

# Other publications

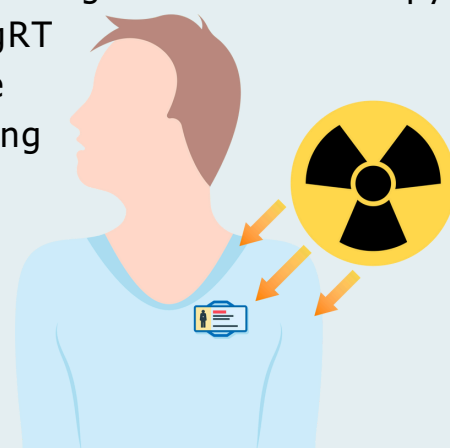
## Generic justification report on MRgRT

In June, we completed the generic justification of magnetic resonance-guided radiotherapy (MRgRT) for patients with cancer who need external beam radiotherapy.

Magnetic resonance-guided radiotherapy (MRgRT) is a type of image-guided radiotherapy which may help to target the treatment area more precisely. This may help to ensure radiotherapy is delivered to the right place, while also avoiding healthy tissue.

### Safety

Unlike other imaging practices currently being used to guide radiotherapy treatments, MRgRT does not involve the use of ionising radiation. While there are still gaps in the evidence for MRgRT, no safety concerns were found in the literature.



## Retiring clinical guidelines

In July, [CICER](#), the Centre in Ireland for Clinical guideline support and Evidence Reviews which is hosted by HIQA, highlighted the need for clear, standardised processes for retiring clinical guidelines.

CICER's published a [scoping review](#) on retiring a clinical guideline outlining international practices and providing key considerations for those involved in overseeing clinical guidelines.

Sixteen international handbooks were reviewed to understand how decisions are made to retire guidelines and how retired guidelines are managed.

CICER is funded by the [Health Research Board](#) and hosted by HIQA. CICER produces evidence reviews and provides methodological support for the development of National Clinical Guidelines, which are published by the [National Clinical Effectiveness Committee](#).



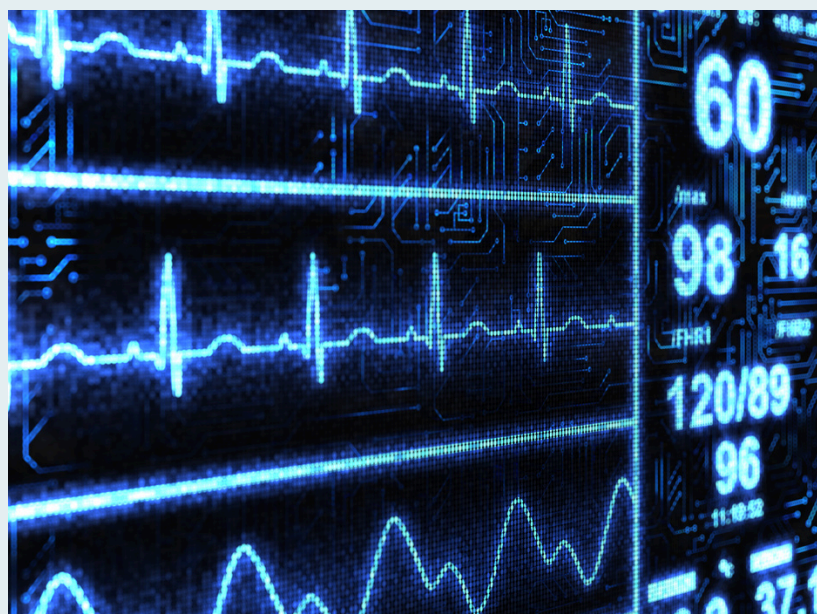
# Other publications

## Evidence Review of Specialist Cardiac Services

Heart problems are associated with significant morbidity and mortality for individuals and can place a considerable economic burden on healthcare systems and society. High quality specialist cardiac services are crucial for providing the best possible outcomes for patients with heart problems. However, the organisation of these services nationally is complex and there are many different factors to consider.

It is therefore important that the organisation of specialist cardiac services on a national level is informed by the best available evidence.

We completed an evidence review to inform the work of the National Review of Specialist Cardiac Services to recommend the best configuration for a national adult specialist cardiac service with population-based regional specialist cardiac networks and network hospitals.



Our review was submitted in January 2020 and the finalised National Review was published by the Department of Health on 8 April 2025.

This research was part-funded through an extension of the grant agreement by the Health Research Board (HRB) for the HRB-Collaboration in Ireland for Clinical Effectiveness Reviews (HRB-CICER 2016-1871).



# Conferences



In June, our Deputy Director of HTA, Dr Susan Spillane, attended the International Cancer Screening Conference held in Aarhus, Denmark. Dr Spillane took much from the conference, joining our colleagues from the National Screening Service who also attended. The conference will be held in Dublin next time – 2027! We are already looking forward to it.

Around the same time, our Director of HTA, Dr Mairin Ryan and Joan Quigley, our Head of Assessment attended the annual meeting of HTAi for 2025. The meeting was held in Buenos Aires, Argentina. As part of the meeting, Dr Ryan participated in the opening plenary session on NextGen HTA. The discussion examined common challenges currently faced by health authorities in both developed and in-developing healthcare systems, what these systems need from HTA, and what HTA needs to be able to effectively respond.

# Conferences

Dr Andres Lopez, HTA Analyst had a poster presented on the cost effectiveness of AAA screening in men.

Dr Louise Larkin, Programme Manager, Health Technology Assessment, was not able to attend but her poster did make the voyage and attendees were able to learn more about how a rapidly expanding HTA agency's work programme can be supported.

Dr Rasha Alshaikh, Postdoctoral Fellow, also had a poster presented. Dr Alshaikh's poster was a scoping review of current decision-making pathways and reimbursement processes for high-risk devices in the EU/EEA and UK.



Finally, Joan Quigley, Head of Assessment, presented during the conference on evidence synthesis of a complex intervention using real-world data. Ms Quigley utilised our HTA on teler dermatology as the case study for her presentation.





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