



## **Adapting health technology assessment methods to facilitate evidence-based social care recommendations in Wales: Findings from a roundtable discussion**

### **Plain Language Summary**

Using effective health and social care technologies is an important part of delivering the best care for people who need it. Health technology assessment (HTA) provides a structured way of assessing whether a technology or way of working is safe and provides benefits to people accessing health and social care services. It also allows an assessment of whether the benefits are sufficient to justify the additional resources that would be needed. There are well-established processes and methods for assessment of health technologies but these may not be fully suitable for assessing technologies or ways of working for social care.

Health Technology Wales (HTW) and Social Care Wales have been working together to understand how HTA can be adapted to better fit social care. As part of this collaboration, a roundtable event was held in May 2021 and brought together leaders from government, policy, health and social care services, HTA agencies, and universities. Participants discussed what adaptations may be needed to make HTA more appropriate for social care and how this could be supported in Wales.

During the roundtable, a series of key themes were discussed. First, participants emphasised that people working within HTA should be aware of the challenges within social care that will impact work in this area. These may be related to de-centralised and fragmented delivery of care, staffing turnover, and less developed links between social care and research environments. Second, participants highlighted that a more flexible approach is needed to ensure benefits related to person-centeredness, dignity and respect, and abilities are



captured and that real world evidence from both research and non-research settings support decision-making. Consideration will also need to be given to how economic evaluation can support assessments of value using adapted methods. Third, efforts will be needed to ensure that there is diverse representation of voices from social care, both to support continuing conversations about adaptations that stem from this roundtable and to inform appraisals and guide decision-making in the longer term. Finally, participants were clear that HTA must support change within social care to ensure ongoing buy-in from partners. HTA agencies will need to consider how guidance is communicated to ensure awareness and should explore how adoption of guidance can be promoted and measured.

Health Technology Wales and Social Care Wales will use these findings and those from other events to continue to collaborate and move towards ensuring HTA methods and processes in Wales are appropriate for social care.

## **Introduction**

There is rising demand for social care and COVID-19 has underlined the need to transform services to meet people's needs. An important aspect of this is ensuring that innovations that improve quality of care and allow care to be delivered more efficiently are prioritised and implemented.

As highlighted by '[A Healthier Wales](#)'<sup>1</sup>, there is a need for health and social care services to be brought together to support a whole system approach to health and wellbeing. As part of

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<sup>1</sup> Welsh Government (2018). [A healthier Wales: long-term plan for health and social care](#). Welsh Government. 2018



this, health technology assessment (HTA) approaches for assessing value and making recommendations for funding need to be accessible and support innovations in social care<sup>2</sup>. However, there has been limited consideration of whether HTA methods and processes are appropriate for social care and the National Institute for Health and Care Excellence (NICE) in England has, to date, been one of the only national HTA agencies to develop social care guidelines<sup>3</sup>. There is therefore a need to explore the challenges and opportunities of appraising social care interventions in Wales.

Health Technology Wales and Social Care Wales have been working together to explore the appropriateness of HTA methods and processes for appraising social care interventions. As part of this, HTW and Social Care Wales ran a roundtable to draw on insights and expertise to support this collaboration. The roundtable took place virtually in May 2021 and brought together thought leaders from government and policy, health and social care services, HTA, and academia. The roundtable was structured with presentations from topic experts on the role of evidence-based practice in social care and the context for HTA and social care in Wales, followed by facilitated discussion between participants. This report reflects the discussions and insights on the relationship between HTA and social care, the appropriateness of current methods and processes, and potential adaptations. The findings relate primarily to Wales but can also inform the wider HTA and social care context.

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<sup>2</sup> For more details on HTA, see [Health Technology Assessment: Fundamentals](#) from the European Patients' Academy Toolbox

<sup>3</sup> Enzing et al. (2020). [Broadening the application of health technology assessment in the Netherlands: a worthwhile destination but not an easy ride?](#) *Health Economics, Policy and Law*. Published online.

## Facing Challenges and Leveraging Existing Resources

A recurring theme through the roundtable was the need to acknowledge the specific challenges facing social care, and the difficulties these would present for HTA.<sup>4</sup> However, participants were optimistic that there are existing networks and systems that could help support appraisals in social care and that there were real opportunities for HTA to support change. These challenges and potential solutions are likely to cut across several of the findings discussed below but are important to highlight in their own right prior to considering issues relating to HTA process and methods.

A key challenge is the fragmented nature of social care and participants were keen that those working within HTA understood the challenges that this presents. The delivery of health services in Wales has strong central coordination from a limited number of local health boards and commissioning bodies. Whereas, social care in Wales is co-ordinated by 22 local authorities and delivered by over 2000 providers of varying size and ethos. Similarly, while the NHS has a broadly stable workforce, there is significant turnover of staff and a high level of vacancies in social care. Participants pointed to residential homes that had seen turnover of 70% over a few months. Problems of turnover have increased in recent years and are likely to continue.

Participants also highlighted challenges from the difference between models of health and social care that would be relevant to HTA. In social care, interventions are often placed in packages of care and are more fluid and dynamic than in health. There is also greater heterogeneity across people who may benefit from an intervention and the potential impacts

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<sup>4</sup> The King's Fund (2018). [Key challenges facing the adult social care sector in England](#)



an intervention may have. In addition, there are also differences in the backgrounds of professionals. In health, HTA is often supported by professionals in clinical-academic roles who have expertise that straddles both research and practice. In social care, there are fewer links between academia and practice and it was suggested that support for Master's level qualifications for social care professionals have reduced in recent years.

To meet the specific challenges within social care, HTW needs to consider how to define and operationalise interventions in a way that reflects the social care model, how to communicate guidance in a way that maximises its relevance and influence in social care, and how to support the wider social care ecosystem.

Despite these challenges, participants highlighted that there is a growing wealth of knowledge and expertise on evidence-based social care across the United Kingdom and a number of groups have a role in supporting or providing recommendations on the delivery of social care in Wales. Participants welcomed collaboration between HTW and these networks to ensure that work was not duplicated and that there was shared learning and joint working. In Wales, there is access to funding and scholarships for social care professionals through the new Intensive Learning Academies. There are also ongoing discussions about building research capacity in social care from research funders across the United Kingdom, with a number of recent initiatives already in place in England. Over the longer term, this may help to reduce barriers and maximise opportunities.

## **Understanding Evidence Requirements and Adapting Economic Evaluation**



HTA relies on a structured assessment of evidence on the effectiveness, efficiency and value for money of care<sup>5</sup>. Traditionally, this has been linked to a perceived hierarchy of evidence, with studies using randomised controlled methods being given priority over evidence from more qualitative sources. Greater weight has also been given to certain types of economic evaluations and evaluations typically adopt a narrow perspective with only the costs of care funded by the NHS considered<sup>6</sup>. Participants were clear that the appropriateness of this for social care should be considered and an adaptable approach is needed.

Participants highlighted that there is a perception that HTA can be overly reliant on randomised controlled trial evidence. For a range of reasons, randomised controlled trials are unlikely to be available for support delivered in social care and evidence will come from a variety of sources. Participants were keen that data collected in real world settings, both in research and non-research initiatives, should inform decision-making, including “softer” outcomes that represent individual’s well-being, abilities and goals where available. Information may also need to come from the testimonies of people delivering care and those who use care and support. Participants also mentioned that HTA should not overlook gains to quality of care, in terms of person-centeredness and dignity and respect, and these should be measured and considered alongside clinical and cost-effectiveness. The reasons for this difference in evidence base include historically fewer links between social care and academia and the nature of delivering interventions in social care. These are discussed in more detail above. Participants with experience of conducting appraisals of social care emphasised that

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<sup>5</sup> Banta (2009). [What is technology assessment?](#) *International Journal of Technology Assessment in Health Care*, 25, S1

<sup>6</sup> For more details on economic evaluation, see [Economic Evaluation in HTA](#) from the European Patients’ Academy Toolbox



evidence requirements need to be flexible and consider all available sources of evidence but need to retain an evidence-based approach that can differentiate between high and low value interventions.

Participants then discussed issues associated health economics, and agreed that assessing value and cost-effectiveness is important in HTA. However, there were some cautions on ensuring this was appropriate for social care. Participants were concerned that use of economic evaluation may introduce a focus on the benefits and costs to the NHS and efforts would be needed to ensure an equal focus on improving quality of life and ablement for people accessing social care. Further, it was suggested that commonly used patient-reported outcomes and patient-reported experience measures used during HTA may not adequately capture the benefits and are often not available from real world evidence. More broadly, participants highlighted that assessment of value should not mean low cost interventions are de-prioritised by higher cost ones. The tension between the framework used in HTA, where value is determined by cost-effectiveness across a whole population, and person-centred care, where value is considered at the individual level was also raised.

HTA agencies will need to consider the level of evidence that they require to make recommendations on social care interventions and the implications this has for other interventions that fall within their remit. Similarly, agencies will need to decide how appropriate it is to expand the perspective for economic evaluation and the impact of this on interpretation of existing commonly accepted thresholds. In the UK, this threshold is typically thought to be £20,000 to £30,000 per quality-adjusted life year (QALY) gained but is variable



according to the characteristics of interventions and the populations accessing care<sup>7</sup>. Experiences in England suggest that these issues can be mitigated by ensuring that a pragmatic approach is taken to economic evaluation and interventions are prioritised according to appropriate criteria. It was highlighted that NICE have committed to increased inclusivity of different forms of evidence and are committed to inclusion of mixed methods approaches. NICE has also addressed gaps in evidence by commissioning primary evidence that can inform social care appraisals.

In Wales, HTW routinely considers a wide range of evidence during appraisals, including systematic reviews, randomised and observational studies, qualitative studies, real world evidence, and testimony from the public, patient, and carers. This approach seems well suited and adaptable to the issues of evidence raised in the roundtable and HTW will consider how they can work with partners to address evidence gaps in a timely and informative way.

### **Ensuring Representation of Diverse Voices from Social Care**

HTA agencies have varied processes for conducting appraisal and these may interact with social care in different ways. The roundtable discussion focused on the appropriateness of HTW's processes. There was broad support for the way the HTW approaches identification and proceeds with appraisals and it was felt that these processes could be adapted for social care<sup>8</sup>. One key issue that was discussed was the need to ensure representation from voices across social care.

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<sup>7</sup> For more details on quality-adjusted life years, see [Measuring Health-related quality of life \(HRQoL\)](#) from the European Patients' Academy Toolbox

<sup>8</sup> For more details on HTW processes, see [Our Appraisal Process](#) on the HTW website





Participants emphasised that appraisals must be informed by the perspectives of a range of representatives from social care, including varying types of professional roles, people accessing social care and their carers, local authorities, the third sector, and private providers. Each of these will have an important perspective and the expertise of people accessing care should not be overlooked. Participants stressed that HTA and similar initiatives can seem opaque and distant and work may be needed to ensure this was not a barrier for representatives from these groups. Participants with experience of bringing this expertise to other projects suggested novel approaches around accessibility should be scoped and trialled. These may include smaller working groups, agreed ways of working to support carer assistance, and broad thinking on what accessibility means in social care.

HTW has several committees that assist with ensuring high quality work and agreeing recommendations for each appraisal<sup>9</sup>. The additional roles that are needed on these committees will need to be explored to ensure there is appropriate representation during decision-making. Further, HTW has an established public and patient involvement standing group that already includes social care perspectives. This standing group decides an appropriate approach for wider consultation for each appraisal and is well placed to ensure varied perspectives are included. Participants were made aware of the ongoing partnership between HTW and Social Care Wales that will support findings from the roundtable translating to action. A key part of this will be working together and with partners in social care to ensure the style and content of our website is accessible and to publicise and explain

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<sup>9</sup> Information on each of HTW's committees can be found in the [About section](#) of the HTW website



our work in an understandable way. This partnership was seen as a positive development by participants.

Participants were clear that children's social care should be included within the remit of HTA agencies and were encouraged that HTW has a commitment to ensuring interventions from across social care are considered. HTW is also committed to working across wherever social care is delivered, including in the community, residential homes and supported housing, and in health settings, and to populations with differing needs. Appropriate representation for the specific context being appraised will be ensured across this remit.

### **Working Towards Adoption and Supporting Change**

For HTA to fulfil its aims, guidance needs to lead to changes in practice and participants raised issues around dissemination and adoption of guidance as of high importance. It was reported that there is an existing feeling within social care that there are already high levels of demands for consultation around various initiatives. However, there has been little change in response to the consultations and there are growing feelings of fatigue and risks to engagement. For ongoing buy-in from partners in social care, there would need to be assurance that expert input is contributing to a process that leads to changes in practices and has benefits for people in contact with social care services.

Participants highlighted that to be successful HTW would need to tailor monitoring of adoption for social care and should consider which stakeholders need to be reached by guidance and how information should be presented. In some cases, guidance may need to reach social care managers in relevant services and supporting information would need to

make clear what guidance means for individual settings and the potential for benefits. In other cases, guidance may need to reach local authority care teams so that interventions can be included in care plans. There may also be a role for bottom up change with information on high value interventions provided through professional networks and training.

HTW has a mandate to monitor adoption of guidance after it has been published and aims to maximise the impact of our work. In support of this, HTW currently works with partners across health and social care to ensure that our guidance is communicated effectively and to then assess whether there have been changes in practice in response to recommendations. This work is flexible and tailored to the details of each piece of guidance due to the range of non-medicines technologies that HTW appraises. It was highlighted that there had been success with this type of approach at NICE where the Collaborating Centre for Social Care was the first to take responsibility for dissemination and adoption of guidelines. The approach was said to have allowed dissemination and adoption to be considered from the outset of appraisals and gave the Centre an ongoing role in championing guidelines. However, it was felt there was a limit to the potential reach and impact was difficult to assess due to the lag to adoption and challenge of attributing changes to guidance.

There was some discussion about the need to ensure that HTA processes facilitated rapid implementation of innovations and did not delay innovations being used by health and social care services. During the COVID-19 pandemic, there has been an impetus to adopt solutions rapidly and this momentum should be maintained. Participants agreed that HTA should engage with universities, industry, the third sector to accelerate the development of technology and drive innovation into health and social care.



## Summary

The HTW and Social Care Wales roundtable was organised to provide an opportunity for thought leaders from across a range of sectors to discuss how HTA and social care can be brought together to support innovation. Through discussion, participants gave valuable insights and a number of issues that need to be considered emerged. HTA agencies should be aware that there will be challenges along the way. However, there are also significant opportunities to leverage existing resources and ensure that innovations in social care are supported and lead to improvements in care. More specifically, HTA agencies should consider the need for more flexible approaches to evidence, include a diverse range of voices have the opportunity to influence appraisals, and support the adoption of guidance and change in practice.

HTW and Social Care Wales will work in partnership to ensure that findings from this roundtable and other events are followed by action and adaptations are reflected in future work in this area. The work of this partnership has already begun to show results with HTW issuing national guidance on the use of the Strategies for Relative programme for carers of people with dementia. In addition, HTW and Social Care Wales are actively preparing for a Social Care Open Topic Call to support further awareness of HTW's work and to identify social care topics for appraisal.

## Acknowledgements

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The roundtable was attended by representatives from: Welsh Government; Health Technology Wales; Social Care Wales; ADSS Cymru; Cardiff and Vale University Health Board; Welsh Local Government Association; Wales Centre for Public Policy; All Wales Forum of Parents and Carers of People with Learning Disabilities; , National Institute of Health and Care Excellence; , Health & Care Economics Cymru, Swansea University; Value-Based Health and Care Academy, Swansea University; Children’s Social Care Research and Development Centre, Cardiff University; Clinical Innovation Partnership, Cardiff University; Welsh Institute for Health and Social Care, University of South Wales.

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