ANNUAL REPORT

2025/26

Technoleg Iechyd Cymru
Health Technology Wales

Mae'r ddogfen hon hefyd ar gael yn Gymraeg
This document is available in Welsh

START

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Our partners

GIG CYMRU NHS WALES | Ynddiriedolaeth GIG Prifysgol Felindre Velindre University NHS Trust

Ariennir gan Lywodraeth Cymru Funded by Welsh Government

FOREWORD

Welcome to our latest Annual Report which sets out how we have continued to deliver high quality, evidence informed guidance on new health technologies to NHS Wales throughout 2025/26. This year we considered 56 new topic referrals and published 10 new pieces of HTW guidance on topics ranging from at-home video monitoring for epilepsy to capsule sponge devices to detect Barrett's oesophagus and early oesophageal cancer.

Improving the clarity and usability of our guidance remains a priority. To support this, we introduced a new set of guidance recommendations that will apply to all new guidance published from February 2026 onwards. These changes are designed to ensure our national guidance is clearer, more consistent, and accessible to a wider range of audiences across the health and care system.

We continued to strengthen our approach to the evaluation of innovative technologies, including those using artificial intelligence. This year we became a founding member of the UK-wide AI Community of Interest Group, enabling us to share best practice, contribute to national thinking and collaborate more closely with partners across the UK on the appraisal of AI-enabled technologies.

Our latest Adoption Audit achieved the best response rate to date at 98% with participation by all 10 commissioning organisations in Wales. The audit, which focussed on six pieces of HTW guidance, and three pieces of NICE Medical Technologies Evaluation (MTEP) guidance, demonstrated once again that our work is driving impact and supporting decision-making across Wales.

We continued to work as a collaborating partner of the Health and Care Research Wales Evidence Centre, conducting rapid evidence reviews to support decision making by Welsh policy makers. This included research on the cost to the NHS from medical tourism, a report that attracted significant national media coverage.

Patient and Public Involvement (PPI) remains a core part of our appraisal work, and we are grateful as ever to our PPI Standing Group (PPISG) who conduct such valuable work to ensure the patient and public voice is included in our work. Among the group's stand-out achievements in 2025/26 was its involvement in the second edition book on conducting Patient and Public Involvement in Health Technology Assessment. The Wales chapter contributed by the group focuses on developing bespoke approaches to Patient Involvement in HTA.

The PPISG also played a key role in developing a process for incorporating Equality, Diversity and Inclusion (ED&I) considerations into the PPI process for technologies being appraised by HTW. This work will ensure that our guidance reflects consideration of the nine protected characteristics set out in UK equality legislation.

We enter the new financial year with a new Strategic Plan setting out our priorities for the next four years. Developed in collaboration with stakeholders across health and social care, the plan sets an ambitious direction for the organisation. We would like to thank our partners for their continued support and look forward to working together to deliver the goals and objectives the Strategic Plan outlines.

Professor Keith Lloyd
Chair
Health Technology Wales Appraisal Panel

Dr Susan Myles
Director
Health Technology Wales

CEO MESSAGE

As Interim Chief Executive of Velindre University NHS Trust I am pleased to introduce the latest Health Technology Wales (HTW) Annual Report. As the hosting organisation for HTW we are proud to support the organisation in its mission to identify and appraise innovative health technologies with the potential to improve care for people across Wales.

This year, HTW continued to appraise technologies with the potential to transform the diagnosis and treatment of cancer in Wales. Notably, the organisation has published guidance on technologies such as thermal ablation for colorectal liver metastases, a technology offering new hope in the management of secondary cancers, and capsule sponge devices to detect Barrett's oesophagus and early-stage oesophageal cancer.

HTW continues to play a key role in developing robust methods for the appraisal of artificial intelligence (AI) technologies in healthcare. As a member of the UK wide AI Community of Interest Group, it can share best practice on the appraisal of AI in healthcare and support the development of innovative AI technologies. This technology offers significant potential for the advancement of cancer diagnosis and treatment, and we look forward to seeing how HTW's work in this area develops.

We are proud of HTW's efforts to further embed evidence on equality, diversity and inclusion (ED&I) into the appraisal process. By embedding ED&I considerations into its appraisals, HTW will ensure that the technologies it recommends are accessible to all members of the Welsh community. This supports our core belief as an NHS Wales Trust, that effective healthcare must be equitable and inclusive.

The 2026-2030 HTW Strategic Plan, sets out its ambitious objectives for the next four years and reaffirms its commitment to supporting the aims of the Welsh Government to significantly improve health and care for the people of Wales. We look forward to supporting the organisation to achieve those objectives against a background of rapid technological advancement in healthcare.

Carl James
Interim Chief Executive
Velindre University NHS Trust

Sara Moseley
Chair
Velindre University NHS Trust

HOW WE MET OUR 2021-2025 STRATEGIC PLAN OBJECTIVES

Health Technology Wales (HTW) was established in 2017 in response the Ministerial recommendation emergent from the 2014 Inquiry investigating 'Access to medical technologies in Wales'. HTW was set a clear remit to 'support a strategic approach to support adoption of non medicine health technologies in Wales'.

Eight years into its development, HTW has successfully established a nationally and internationally recognised health technology assessment (HTA) body.

The organisation has produced a respected body of high-quality evidence appraisal reports and developed national guidance to inform health technology adoption resulting in significant impact for the care system in Wales.

Key highlights of our deliverables against the first HTW Strategic Plan 2021-2025 are outlined below.

IDENTIFICATION

Objective: Successfully identify technologies for appraisal expected to have a major impact for both care services and users.

How we achieved this:

Running open and targeted topic calls with an extensive range of stakeholders (from professional groups to industry and patients and the public) to identify topics that focus on national priorities and impact.

Considering over 600 health technology topic referrals and selecting those focused on national care system priorities expected to deliver most impact.

Becoming active partners in the UK-wide NHS Innovation Service.

Collaborating and sharing horizon scanning intelligence with peer HTA bodies both nationally and internationally.

APPRAISAL

Objective: Promote a coordinated national approach to evidence-informed decision making to encourage equitable medical technology adoption across Wales.

How we achieved this:

Developed an All-Wales HTA process to assess the clinical and cost-effectiveness of medical technologies, learning from national and international best practice.

Produced a substantial body of high-quality evidence syntheses work that has informed and impacted care service decision making and outcomes across Wales, including:

- 343 Topic Exploration Reports (TERs)
- 75 Evidence Appraisal Reports (EARs) that synthesise evidence on the clinical and cost-effectiveness of medical technologies in Welsh care settings.
- 62 pieces of evidence-informed national guidance with 'Adopt or Justify' status that Local Health Boards in Wales are expected to adhere to.

Made major contributions to support decision-making during the COVID-19 pandemic via the Wales COVID-19 evidence centre. This includes the first UK-review on testing to inform diagnosis and rapid evidence reports on emerging diagnostics and therapeutics e.g. pulse oximetry, convalescent plasma therapy, face coverings and many more. We also produced a regular evidence digest to inform policy and other decision makers.

Provided evidence support to the Individual Patient Funding Requests (IPFR) panels across Wales, that consider patient requests to access treatments not routinely offered by their local health board.

Produced evidence reviews for the All-Wales Clinical Effectiveness Group (AWCEG) which is working to compile a single national list of Interventions Not Normally Undertaken (INNUs), to inform equitable technology disinvestment decisions across Wales.

HOW WE MET OBJECTIVES 2021-2025 STRATEGIC PLAN

ADOPTION

Objective: Disseminate and audit the adoption of all HTW and select National Institute for Health and Care Excellence (NICE) Guidance to understand uptake across Wales.

How we achieved this:

Became the first UK HTA body to introduce routine audit of the adoption of national guidance.

Funded the introduction of the Audit Management and Tracking (AMaT) system across Wales facilitating audit of HTW and NICE Guidance.

Undertook HTW annual adoption audits to provide Welsh Government with a summary of the uptake of our guidance and any emergent inequities in adoption across Wales.

ENGAGEMENT

Objective: Promote understanding and use of HTW HTA outputs among local, national and international stakeholders.

How we achieved this:

Winning a prestigious global prize - the INAHTA David Hailey 'Best Impact Story Award' - voted by 50+ of our international peer HTA bodies, recognising HTW's work.

Sharing our 'world leading' approach to Patient and Public Involvement (PPI) by contributing to the first international reference book outlining Welsh and international approaches to 'Patient Involvement in HTA'.

Put in place memoranda of understanding with key Welsh and UK-wide partners including the Bevan Commission, All Wales Therapeutics and Toxicology Centre (AWTTC), NICE and the Scottish Health Technologies Group.

Joining international HTA collaborations to share intelligence, topic pipeline, methodological developments and best practice.

Made significant contributions to key international HTA professional peer bodies – Health Technology Assessment international (HTAi), The International Network of Agencies for Health Technology Assessment (INAHTA), European Network for Health Technology Assessment (EUnetHTA) and the International Network for Social Intervention Assessment (INSIA) - participating in annual conferences and multiple international working groups and position statements e.g. on the role of HTA, impact of HTA, disruptive technologies, social intervention assessments, sustainability in HTA and PPI.

Providing evidence support to multiple Welsh policy and national decision-making groups including, Health and Care Research Wales Evidence Centre, NHS Wales Joint Commissioning Committee, IPFR, AWTTC, AWCEG etc.

Publishing HTW's work in high-quality peer reviewed journals including the BMJ Open.

Working in partnership with Contracts for Innovation Cymru (CIC) (formerly the Small Business Research Initiative - SBRI) as a member of its project boards – supporting decisions on which technologies are selected for funding challenges. Joined a consortium with academic researchers from Swansea University Computational Foundry and research staff at TEC Cymru to support the testing and evaluation of artificial intelligence technologies in health and care, to support the work of the Evaluation for Artificial Intelligence (AI) in Health and Care Award.

> **We would like to thank our stakeholders for their contributions and for assisting us to deliver the remit set out for us.**
>
> **It is thanks to their support that we have built a high-performing, responsive organisation, and worked towards our vision to establish a world-class HTA organisation that applies the best available evidence to improve health, well-being, and value in Wales.**
>
> Dr Susan Myles,
> Director of Health Technology Wales

> **Health Technology Wales is a distinct, trusted and valued part of the innovation landscape in Wales and has achieved bold and ambitious growth since being established in 2017.**
>
> Mark Campbell, Independent HealthTech Consultant and author of HTW Five-Year Review

HTW 2026-2030 STRATEGIC PLAN:
THE ROAD AHEAD

We are pleased to announce the publication of our 2026-2030 Strategic Plan.

The plan sets out our immediate and medium-term goals and objectives for the next four years and was developed in partnership with stakeholders across health and social care.

It is a living document which will be continually refined to reflect changes to the health and social care policy agenda for Wales.

Included in the plan are HTW's top five priority objectives for the next four years:

- Produce and disseminate high quality, inclusive health and social care evidence appraisal and national guidance for NHS Wales.
- Ensure alignment with Ministerial, policy and health and social care system priorities.
- Support time-critical health and social care policy decision making via Welsh and UK initiatives, programmes and groups.
- Undertake an annual adoption audit of HTW and select NICE guidance.
- Collaborate with Welsh health and social care ecosystem partners and UK health technology assessment partners (e.g. NICE, Scottish Health Technologies Group, Medicines and Healthcare products Regulatory Agency) to support relevant Welsh Government innovation and MedTech policy.

The plan also sets out HTW's objectives in four key areas: Identification, appraisal, adoption and impact and engagement.

> **In the next four years Health Technology Wales has a vital role to play in supporting the aims of Welsh Government to significantly improve health and care for the people of Wales.**
>
> **Rapid technological advancements mean it is more important than ever to identify health technologies with the most potential impact for Wales and assess their clinical and cost effectiveness.**
>
> **We would like to take this opportunity to thank our stakeholders across health and social care for their continued support of our work.**
>
> Dr Susan Myles, Director of HTW

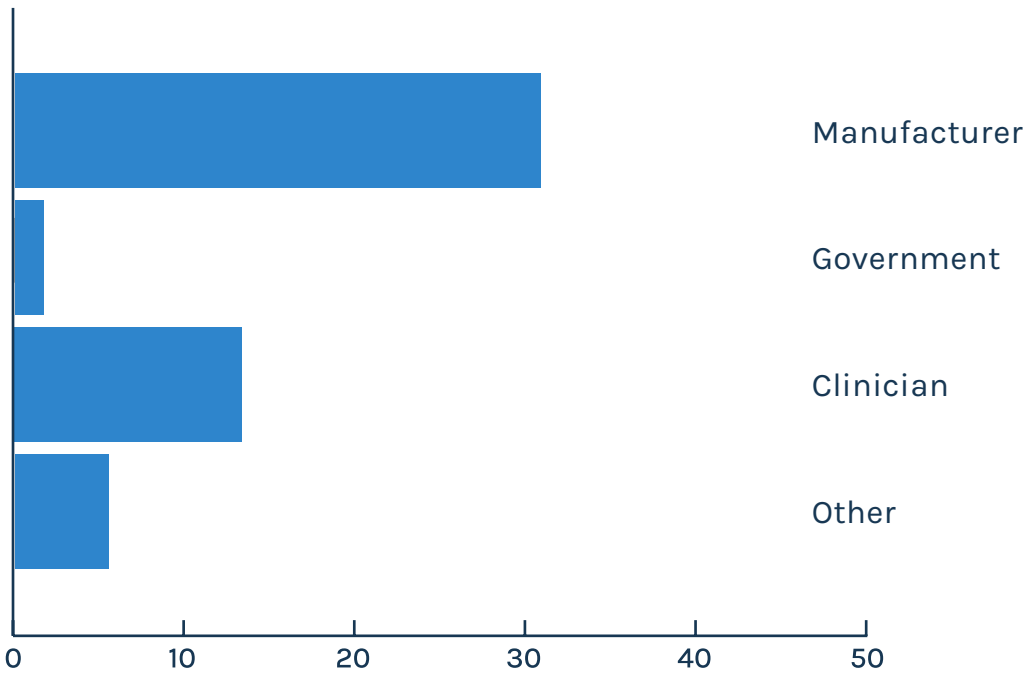
Click here to download a copy of the 2026-30 Strategic Plan.

TOPIC IDENTIFICATION

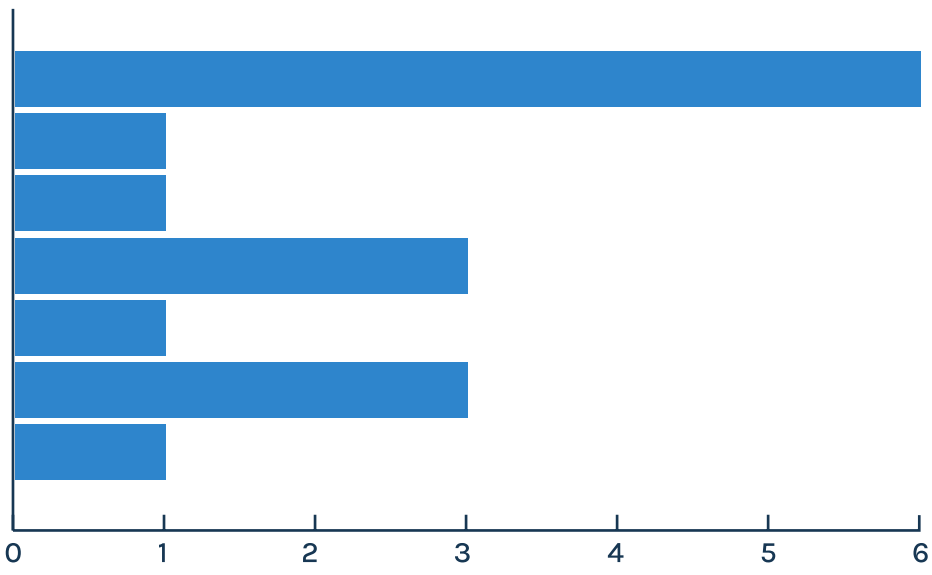
56
Topics proposed to HTW in 2025/26

607
Topics proposed to HTW since 2017

Source of topic referrals in 2025/26 (%)



Breakdown of topics referred from the NHS in 2025/26



Aneurin Bevan University Health Board: 6

Welsh Blood Service: 1

Cardiff and Vale University Health Board: 1

Hywel Dda University Health Board: 3

Cwm Taf Morgannwg University Health Board: 1

Velindre Cancer Centre: 3

NHS Wales Joint Commissioning Committee: 1

We have produced an animation to explain the criteria required for submitting a topic for appraisal. To find out more watch our animation **here.**

NEW APPRAISAL PANEL DEPUTY CHAIR APPOINTED

We are pleased the announce the appointment of Professor Chris Hopkins as Deputy Chair of the Health Technology Wales Appraisal Panel.

Professor Hopkins is a Consultant Clinical Scientist and Head of the TriTech Institute in Hywel Dda University Health Board.

He is a Clinical Director within the University of Wales Trinity Saint David and a Fellow of the Academy for Healthcare Science.

Speaking about his appointment, he said:

> I am deeply honoured to be appointed Deputy Chair of the Health Technology Wales Appraisal Panel. Throughout my career I have been privileged to work across the NHS, academia and industry to champion innovation, strengthen clinical pathways, and advance the role of technology in improving patient outcomes.
>
> I see this appointment as an opportunity to bring that experience to bear in supporting the mission of Health Technology Wales, ensuring that our appraisal and adoption processes are robust, evidence-based, and focused on delivering meaningful benefits for patients, professionals, and the wider health and social care system.

The role of the Health Technology Wales Appraisal Panel is to consider the HTW national health care guidance within the context of NHS and social care in Wales and to produce the HTW national guidance based on this evidence.

Professor Hopkins continued:

> Health technology assessment (HTA) is central to shaping the future of healthcare provision in Wales. By integrating robust evidence, real-world evaluation, and multidisciplinary expertise, HTA ensures that decision-making is both scientifically rigorous and socially responsive.
>
> My aspiration in this role is to contribute to the continued development of Health Technology Wales as a body that not only provides independent, evidence-informed recommendations but also champions the principles of innovation, inclusivity, and equity. The aim is to ensure that Wales remains at the forefront of adopting technologies that are value-based, safe, effective, and capable of making a meaningful impact in the communities we serve.

APPRAISAL SUMMARY

Find out more

Would you like to find out more about the Health Technology Wales topic appraisal process? To raise awareness about how the process works we have created an animated video which you can watch here.

GET INVOLVED

Do you know about a technology or model of care and support in health or social care that Health Technology Wales could appraise?

Anyone can suggest a topic and we are keen to receive suggestions from people with a wide range of backgrounds, including the general public.

To suggest a topic complete our online form here.

11

Topics progressed to evidence appraisals in 2025/26

10

Pieces of HTW national guidance published in 2025/26

62

Pieces of HTW national guidance published since 2017

> As a topic proposer I found the process simple to navigate and comprehensive. The guidance for topic proposers on the website was clear and helped us to structure the proposal document and our discussion with the HTW team. I was also really impressed by the team's openness to listening to feedback that we had about the draft appraisal document, and to taking these on board where relevant, without compromising the review itself. We were updated throughout the process itself which was important to me as the topic proposer.
>
> Dr Hannah Young, Associate Professor of Lifestyle and Rehabilitation, University of Leicester, Honorary Specialist Research Physiotherapist, University Hospitals of Leicester NHS Trust

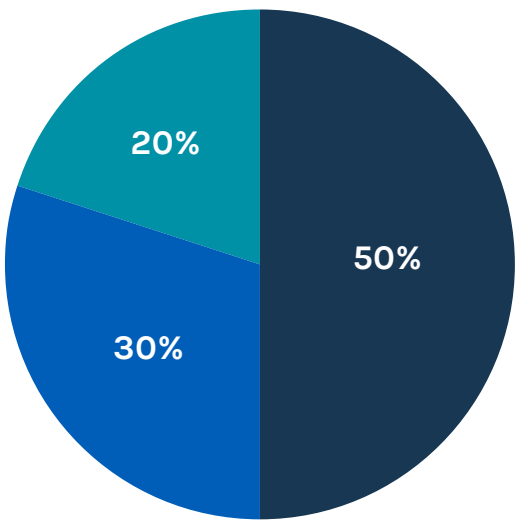
HTW NATIONAL GUIDANCE RECOMMENDATIONS FOR 2025/26

607
Topics proposed to HTW since 2017

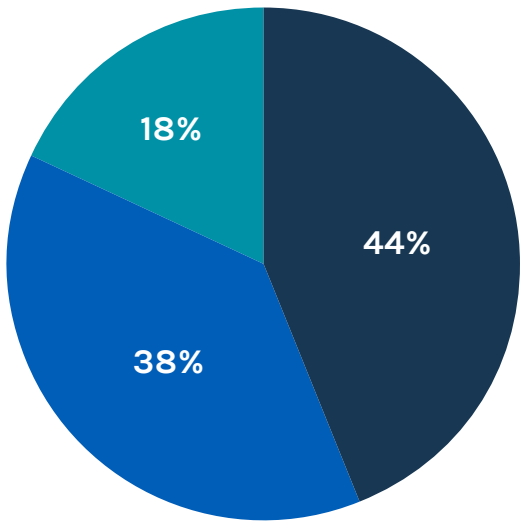
62
pieces of national guidance published

84
Topics progressed to evidence appraisal

2025/2026



2017-2026



OUR RECOMMENDATIONS

Our national guidance recommendations fall into three main categories:

Routine adoption:

The evidence supports the adoption of that technology for a general population.

Selective adoption:

The evidence supports the adoption of that technology in a specific subset of the general population.

Insufficient evidence to support adoption:

There is not enough evidence to support the adoption of that technology.

We have standardised the wording of our recommendations and updated our guidance documents to make HTW guidance clearer and more consistent. The recommendations were introduced for guidance published from February 2026 onwards.

The new set of recommendations has been introduced for our guidance on health technologies. The new guidance recommendations are as follows:

Should routinely offer
Should not routinely offer
More evidence is needed.

Full information about the new guidance recommendations is provided in the Overview of Recommendations document which can be read here.

HTW's recommendations on health technologies apply to all local health boards, NHS Wales Joint Commissioning Committee, Velindre University NHS Trust and Welsh Ambulance Service University NHS Trust, when they have responsibility to provide/arrange care for the population mentioned in the guidance.

The status of HTW's recommendations is 'adopt or justify'.

This means that organisations are expected to follow the recommendation or provide justification for why they have chosen not to follow it. Recommendations on how to implement and fund the technology are not within HTW's remit.

LIST OF HTW GUIDANCE PUBLISHED IN 2025/26

APRIL 2025	|	PERMANENT IMPLANT BRACHYTHERAPY DEVICES FOR UNRESECTABLE PANCREATIC CANCER
MAY 2025	|	ADVANCED ELECTROSURGICAL BIPOLAR VESSEL SEALING SYSTEMS DURING HYSTERECTOMY
JULY 2025	|	IMPLANTABLE TIBIAL NEUROMODULATION DEVICES
AUGUST 2025	|	PHOTOPLETHYSMOGRAPHY FOR THE MANAGEMENT OF ATRIAL FIBRILLATION
AUGUST 2025	|	LONG LENGTH PERIPHERAL INTRAVENOUS CATHETERS
OCTOBER 2025	|	AT-HOME VIDEO MONITORING FOR EPILEPSY
OCTOBER 2025	|	DIGITAL INTERVENTIONS FOR CHRONIC KIDNEY DISEASE
DECEMBER 2025	|	THERMAL ABLATION OF COLORECTAL LIVER METASTASES
DECEMBER 2025	|	MAF-GENE TESTS TO GUIDE ADJUVANT BISPHOSPHONATE TREATMENT IN BREAST CANCER
JANUARY 2026	|	CAPSULE SPONGE DEVICES
MARCH 2026	|	ARTIFICIAL INTELLIGENCE-ASSISTED ULTRASOUND
MARCH 2026	|	SALVAGE HIGH-DOSE RATE BRACHYTHERAPY

APPRAISAL CASE STUDY

THERMAL ABLATION OF COLORECTAL LIVER METASTASES

What did we do?

HTW considered the use of thermal ablation as a treatment option for adults with colorectal cancer liver metastases who would also be eligible for surgical resection. Thermal ablation is a treatment where heat, generated by microwaves or by high frequency alternating current, is used to destroy the cancer cells. Thermal ablation is known to be safe and effective for colorectal cancer liver metastases in small tumours but historically has mainly been used when surgical resection is difficult or not possible. We appraised the clinical and economic evidence for the use of thermal ablation as an alternative to resection in colorectal liver metastases where resection would also be an option, publishing an Evidence Appraisal Report and HTW guidance in December 2025.

Who with?

This topic was proposed by a consultant clinical oncologist working in the NHS in Wales. During the consultation period, we received feedback from two other consultant oncologists, three consultant radiologists and two consultant surgeons working in the NHS in the UK.

What were the reactions?

Stakeholders believed the review to be of high quality and felt that the appropriate evidence had been reviewed and conclusions drawn.

What did people learn?

The evidence review suggested that thermal ablation showed similar survival outcomes to surgical resection in adults with ten or fewer colorectal cancer liver metastases of 3 cm or less in diameter. Hepatic retreatment may be more common in people treated with thermal ablation. People treated with thermal ablation were reported as being around 60% less likely to experience an adverse event or complication within 30 days of treatment and serious adverse events were less likely in the thermal ablation groups. A cost analysis conducted by HTW found that thermal ablation was expected to be a cost saving treatment option, and this finding was robust to both model input changes and adjustments to key modelling assumptions.

What difference did this make?

The HTW Appraisal Panel recommended the routine adoption of thermal ablation as a treatment option to treat colorectal cancer liver metastases in adults with ten or fewer colorectal liver metastases of 3 cm or less in diameter who are eligible for surgical resection.

> I have had previous experience with HTW, which was very positive, hence the drive to propose a new topic. I knew the level of HTW professionalism and expertise would support the clinical voice on driving forward meaningful change for the patients in Wales.
>
> Dr Craig Barrington, Consultant Clinical Oncologist, Swansea Bay University Health Board

APPRAISAL CASE STUDY

DIGITAL REHABILITATION AND SELF-MANAGEMENT INTERVENTIONS FOR PEOPLE WITH CHRONIC KIDNEY DISEASE

What did we do?

HTW considered the use of digital rehabilitation and self-management interventions for people with chronic kidney disease (CKD). CKD affects just under 100,000 people in Wales. There is evidence that improvements in diet and increased exercise are beneficial in managing long term health conditions such as CKD and may improve risk factors associated with disease progression. Currently, in Wales, the standard of care is variable and access to rehabilitation or regular support/education provided by healthcare practitioners can be limited. Therefore, digital self-management interventions, such as websites or apps, may be beneficial. These are designed to educate patients and provide them with rehabilitation and tools to help them improve their lifestyle and better understand and manage CKD. An example of one of these digital interventions is Kidney BEAM.

We appraised the clinical and economic evidence on the topic, publishing an Evidence Appraisal Report and HTW Guidance in July 2025.

Who with?

This topic was suggested by a Professor of Sports and Exercise Science, on behalf of the Physical Activity, Rehabilitation and Wellbeing Group/UK Kidney Association and the UK Kidney Research Council Clinical Study Group. During the consultation period, we received feedback from healthcare professionals working in renal medicine and nephrology and researchers working NHS Wales and elsewhere in the UK.

What did people learn?

Evidence from a multi-centre UK randomised controlled trial (RCT) comparing Kidney BEAM to waitlist control, showed improvements in people's quality of life, knowledge, skills and confidence related to managing health and healthcare, and physical function. A cost-effectiveness analysis was published for the same RCT and this found Kidney BEAM to be a cost-effective intervention compared to waitlist control.

Several additional self-management interventions were identified; however no cost-effectiveness evidence was identified for these and the Appraisal Panel concluded that there was not yet enough evidence to demonstrate their clinical and cost-effectiveness.

What were the reactions?

Stakeholders stated that the conclusions of the review were drawn from appropriate interpretation of the evidence. Subject experts noted that people with CKD are a heterogeneous group, with different health needs. Experts also highlighted that physical rehabilitation and self-management support for people with CKD is variable and there are existing programmes offered in certain areas of Wales. Experts said that patients feel mental and physical support is important and that digital rehabilitation and self-management interventions are a useful option for providing support to patients where they are unable to access face to face rehabilitation.

What difference did it make?

The HTW Appraisal Panel recommended the routine adoption of Kidney BEAM, which should be viewed as an additional tool that may be delivered alongside any programmes currently offered in Wales. The Appraisal Panel recommended further research assessing longer term outcomes. It was also noted that it would be useful to identify whether there are groups of patients within the wider CKD population who may benefit from the technology the most, as well as identifying those groups of people where there may be less uptake.

> I found the Health Technology Wales team a pleasure to work with. Proposing a topic and contributing to the evaluation process was straight forward and not too time consuming. The review team were open and responsive to feedback. It will be interesting to see how influential the appraisal will be and whether it will influence and change routine care of people living with kidney disease in Wales.
>
> Professor Jamie Macdonald, Professor in Sport and Exercise Science, School of Psychology & Sport Science, Bangor University

APPRAISAL CASE STUDY

PERMANENT IMPLANT BRACHYTHERAPY FOR UNRESECTABLE PANCREATIC CANCER

What did we do?

HTW considered the use of permanent implant brachytherapy for patients with unresectable pancreatic cancer. This cancer is often diagnosed at an advanced stage meaning many patients cannot have surgical resection. Brachytherapy is a form of internal radiotherapy used for treating cancers which involves placing radioactive material directly into the tumour to deliver a localised radiation dose. HTW assessed whether adding brachytherapy to standard chemotherapy or chemoradiotherapy for unresectable pancreatic cancer improves local control of the tumour, progression-free survival and overall survival. We appraised the clinical and economic evidence on the topic, publishing an Evidence Appraisal Report and HTW guidance in April 2025

Who with?

This topic was proposed by OncoSil Medical Ltd (Sydney, Australia) the manufacturers of OncoSil, a microparticle brachytherapy device. During the consultation period, HTW received feedback from representatives of Oncosil Medical Ltd and healthcare professionals working in NHS Wales and at NHS England.

What did people learn?

The evidence review showed that the use of permanent implant brachytherapy devices for unresectable pancreatic cancer in addition to conventional treatment is not supported by the evidence. Randomised controlled trials did not demonstrate improvements in key outcomes, such as progression free survival and overall survival, as compared with chemoradiotherapy alone. In addition, treatment with brachytherapy is technically complex and carries a risk of adverse events.

What were the reactions?

Stakeholders generally agreed that the evidence review followed clear methodology and conclusions were based on an appropriate interpretation of the evidence.

What difference did this make?

The HTW Appraisal Panel recommended that the use of permanent implant brachytherapy devices for unresectable pancreatic cancer in addition to conventional treatment, is not supported by the evidence.

APPRAISAL CASE STUDY

CAPSULE SPONGE DEVICES TO DETECT BARRETT'S OESOPHAGUS AND EARLY-STAGE OESOPHAGEAL CANCER

What did we do?

HTW looked at the evidence for the clinical and cost effectiveness of adding capsule sponge devices to the diagnostic pathway for the precancerous condition Barrett's oesophagus and early oesophageal cancer. Patients usually undergo endoscopy to look for these conditions, but capsule sponge testing can indicate whether endoscopy is necessary and how urgently. An Evidence Appraisal Report and HTW guidance on capsule sponge devices were published in January 2026.

Who with?

This topic was proposed by the clinical lead for the National Cancer Recovery Programme. Clinicians from across NHS Wales, as well as from England and Scotland who have experience with capsule sponges, representatives from Cyted Ltd, and the developers of capsule sponge devices acted as expert reviewers of our appraisal.

What did we learn?

Cytosponge and EndoSign capsule sponge devices, with use of appropriate biomarkers, show good diagnostic accuracy for proactive screening of Barrett's oesophagus in those with chronic acid reflux, for case finding of Barrett's oesophagus, and for detection of dysplasia or cancer in Barrett's oesophagus under surveillance. Capsule sponge testing, in combination with clinical risk factors, is effective in risk stratifying Barrett's oesophagus patients. This allows highest risk patients to receive endoscopy more urgently and potentially the lowest risk patients to be removed from endoscopy waiting lists.

New cost-effectiveness analysis by HTW found that, though the benefit to patients is slightly reduced with the addition of capsule sponges to the diagnostic pathway for Barrett's oesophagus in people with chronic reflux, it is cost-effective when compared to all patients receiving endoscopy. We could not determine the cost effectiveness of capsule sponges for Barrett's oesophagus under surveillance due to a lack of reported longer-term outcomes.

A survey found patients generally find capsule sponges to be a less pleasant experience than endoscopy, and most have no difficulty with the procedure. However, some felt endoscopy is more accurate and were more reassured by endoscopy findings.

What difference did it make?

HTW recommended the routine adoption of capsule sponge devices within the diagnostic pathway for Barrett's oesophagus in people with chronic reflux but was unable to recommend their use for Barrett's oesophagus surveillance due to not being able to determine cost effectiveness. It is believed the use of capsule sponge devices could reduce endoscopy waiting lists, free up resources and ensure those most at risk are prioritised for investigation.

HTW representatives attended the scoping workshop for NICE's planned appraisal of capsule sponge devices and were influential contributors in refining the scope of the appraisal, as well as knowledge sharing with the external assessment group.

LATEST ADOPTION AUDIT REPORT REVEALS IMPACT OF HTW GUIDANCE IN WALES

The results of the 2024/25 Adoption Audit show that HTW's guidance is continuing to have an impact across Wales.

The audit focused on six pieces of HTW guidance and three pieces of NICE Medical Technologies Evaluation (MTEP) guidance.

It achieved the best response rate to date at 98% with participation by all 10 commissioning organisations in Wales.

Key findings from the adoption audit include the following:

- Clarity of guidance was reported to be good in almost all cases (96%).
- Guidance was reported as having some form of impact on decision-making in most cases (59%).
- Responses from organisations where the guidance was relevant indicate a fall in awareness of guidance overall compared to previous audits, with 60% of organisations confirming that organisations were aware of guidance.
- Intentions to follow guidance recommendations were variable for each piece of HTW guidance assessed, with the most compliance for HTW's guidance on multi-grip myoelectric upper limb prosthetics and the least compliance for HTW's guidance on percutaneously implanted pulmonary artery pressure sensors.
- NICE guidance was almost universally followed, and most of the NICE guidance had some level of impact on decision-making.

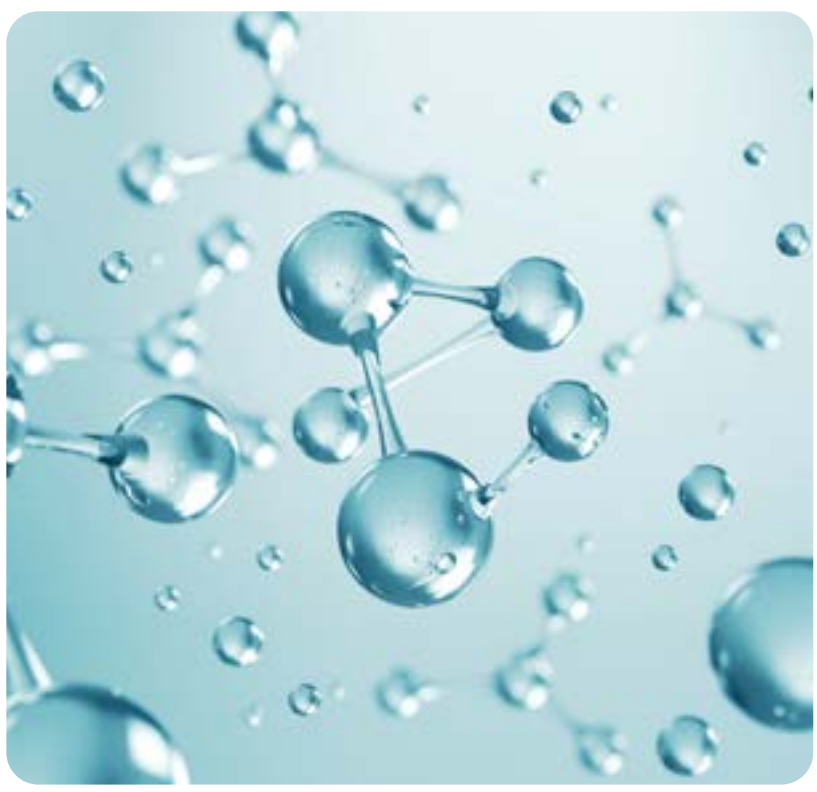
Overall, awareness and impact levels of guidance were consistent with previous audits among organisations that both commission and provide a technology, but were notably lower among organisations that are commissioners only.

Changes introduced this year to the clarifications of what should be considered relevant guidance may have contributed to these findings.

Despite a high proportion of organisations stating that guidance recommendations were clear, some respondents provided comments that suggested there is uncertainty around how organisations decide which guidance is relevant to them, what they are expected to do in response to guidance and who is responsible for implementing guidance.

Going forward HTW and commissioning organisations will continue to review their processes for disseminating guidance to ensure optimal awareness of guidance. Meanwhile HTW, the Welsh NICE Health Network (WNHN) and Welsh Government will reiterate and clarify the status of HTW and NICE guidance in Wales, including expectations of commissioning organisations in response to this guidance.

To read the HTW 2024/25 adoption audit report in full click here.



Susan Myles, Director of Health Technology Wales, said:

> Our latest adoption report provides valuable insights into the impact of our guidance across Wales.
>
> We are committed to making ongoing improvements to our adoption audit processes and continue to work closely with our stakeholders across Wales to raise levels of awareness of our guidance.
>
> We would like to take this opportunity to thank our partners for their continued support of our work and their valuable contributions to the adoption audit.

PPI ACTIVITIES IN 2025/26

Throughout 2025/26 HTW's Patient and Public Involvement (PPI) team has continued to consult and engage with the patient community and to expand on its current processes, always striving for excellence.

Some of the key activities conducted by the PPI Standing Group (PPISG) and our PPI team this year include:

- PPI Mechanisms considered for all topics accepted onto the HTW work programme.
- Engagement conducted this year has included online surveys of patient communities, summarising testimonials and patient resources, conducting qualitative literature reviews, being invited to speak at focus groups and bringing PPI experts to present at appraisal panel.
- PPI manager presented ongoing plans and proposals for embedding equality, diversity and inclusion evidence into the PPI process to social care partners.
- PPI manager and PPISG have been developing a new process for the collection of equality, diversity and inclusion evidence (see more page 19).
- The PPI Mechanism Tool is undergoing a full redesign.
- PPISG appointed a further two representatives to their membership: Versha Shood and Heidi Livingstone.
- PPI Manager attended the first annual EMRAG conference at the University of South Wales.
- PPI manager presented to Cardiff Met University graduating students for the second time.

PPI voices

We asked our new members to give us their feedback on being part of the PPISG

> Working alongside Health Technology Wales to assess the array of incoming technological advances for health and social care is very positive and rewarding. Our views are always heard, noted and appreciated by the Team. The general public are genuinely represented.
>
> *Bob McAlister*

> It has been such a privilege to join HTW's PPISG. The discussions about the best PPI to use in each instance is far reaching and considered with everybody contributing to the discussion knowing that our input is valued. It is such a pleasure to be part of the group and to see first-hand what care is taken over each product and its relevant PPI. I look forward to every discussion.
>
> *Heidi Livingstone*

> It's encouraging to see patient voices genuinely influencing decisions and helping shape better outcomes across Wales.
>
> *John Gallanders*

> Joining the PPI Group of HTW interested me as I had been a Lay member of two NICE Committees previously and thought that this work would be interesting and would use that experience. I have thoroughly enjoyed being part of the HTW Appraisal Group looking at upcoming research from the PPI perspective and have been made to feel very welcome by other group members. My views have always been taken into consideration at meetings and I feel I am making a useful contribution and that I am an integral part of the team.
>
> *Julie Hepburn*

CELEBRATING A NEW CHAPTER FOR PPI

HTW is honoured to announce its involvement in the second edition book on conducting Patient and Public Involvement (PPI) in Health Technology Assessment. This important and valuable resource has been the collective effort of over 120 experts from across the globe who, along with our editors Karen Facey, Ann Single and Anke-Peggy Holtorf, capture the differing approaches towards patient involvement in jurisdictions across the world, as well as presenting updates on conceptualisation and new methods.

The Wales chapter focuses on developing bespoke approaches to Patient Involvement in HTA. It emphasises the importance of a fully collaborative approach to working with organisations that represent patients, based on flexible, but structured, methodologies that adapt and respond to the needs of patient communities during the engagement process. HTW is proud to be named amongst the many outstanding contributors to this impressive work and to champion our Patient and Public Involvement Standing Group (PPISG) and the work they produce using our tailored PPI Mechanism Tool.

PPI has been at the heart of HTW since its inception in 2017 and continues to be a valued and essential part of the work that we do. We are very grateful for the support of our excellent Public Partners, both present and past, who have been essential in shaping this work both as part of PPISG and at our AG and AP committees.

We would also like to pay tribute to the patient organisations, groups and charities, that have worked with us as contributors of patient lived experiences, patient-based evidence and patient submissions to our appraisal work over the last six years, and the invaluable insights and feedback they have shared with us.

None of this would be possible without the willingness of patients, their families, friends, carers, individuals and the public to get involved with the work we do, to share experiences, opinions, views, concerns and insights with us, and to help ensure that decision makers are informed of the realities patients face and the potential for health technologies to bring benefits to people's lives.

We thank you for your time, efforts and honesty in engaging with the HTA process.

Please follow the link to download your FREE E-book copy of this hugely important resource: https://link.springer.com/book/10.1007/978-3-032-11284-2

We join our voice to the call for the PPI Rainbow Framework. Congratulations to all our co-authors and Editors! Bring on the rainbows!

Sarah Peddle, a member of the HTW PPISG said:

> Having joined HTW as a public partner when the organisation was in its infancy, I was extremely pleased and privileged to be able to contribute to the development of effective patient and public involvement mechanisms, which ensure that the patient and public voice is heard and considered in health technology assessments.
>
> We adopted a partnership approach in achieving this, with myself and other public partners from a variety of backgrounds and with a range of experiences working alongside HTW professionals to develop and further refine approaches to that work. I was also incredibly proud to have been afforded the opportunity to contribute to a chapter in the Patient and Public Involvement in HTA book, which showcases our work in Wales.

CHAMPIONING EQUALITY, DIVERSITY AND INCLUSION

Over the past year, HTW has been exploring ways to strengthen consideration of equality, diversity and inclusion (EQ&I) within its appraisals.

Learning from other organisations within the UK and internationally, the team has undergone extensive training and consultation to understand Equality Law within the UK, our legal requirements, and best practice standards for conducting Equality Impact Assesments (EQIAs) and considering evidence around equality, diversity and inclusion for the appraisal of a health technology.

From this, HTW's PPI Manager and PPI Standing Group (PPISG) have proposed a formalised process for incorporating ED&I evidence into the PPI process. Beginning with a re-design of the PPI Mechanism Tool, the process aims to ensure that for each technology we appraise, issues concerning each of the nine protected characteristics under UK Equality law, and other areas encompassing ED&I, are highlighted for consideration within the evidence.

Going beyond reporting the potential ways a technology may have different impacts for specialist groups, the process will include actively seeking information and evidence on what these impacts may potentially be, and including this within the evidence review.

Part of this work will involve initiating and strengthening our connections with special interest groups that promote under-represented patient and community groups. Building on our past connections with organisations such as EMRAG and Communect, a specialist appointment of an ED&I expert was made to PPISG to oversee these developments. This ED&I process will be piloted this year by PPISG for new topics.

SUPPORTING INNOVATION

HTW has a longstanding relationship with Contracts for Innovation Cymru (CIC), which was formerly known as the Small Business Research Initiative (SBRI). CIC aims to solve complex challenges by providing competitive funding opportunities for the development and adoption of new technologies and solutions.

HTW has supported CIC as a member of its project boards for funding challenges. This involves a role in the initial decision making on which technologies are selected for the funding challenge as well as providing ongoing scrutiny, assurance and support for those technologies that are successful.

As part of HTW's remit to nurture innovation, we focus particularly on helping developers understand and develop the evidence required to prove the value of their technology or solution.

Recent challenges and the successful technologies that HTW supported include:

Improving health outcomes for women and girls across Wales

- **Seren:** A menopause digital therapeutics platform providing support based on cognitive behavioural therapy (CBT).
- **Ffynhonnell:** An immersive digital health and wellbeing suite using virtual reality devices.
- **GetUBetter:** A digital self-management platform for pelvic health support.
- **Llusern:** Diagnostic urine test for antenatal infection screening pathways in a high-risk population.

Cancer challenge

- **Cyted Health:** Capsule sponge technology to detect Barrett's oesophagus and early-stage oesophageal cancer.
- **IBEX Medical Analytics:** AI-assisted pathology for gastric cancer.
- **Cansense:** Bowel cancer diagnosis with a blood test.
- **Qure AI Technologies:** AI-assisted diagnosis using chest X-ray CT in suspected lung cancer patients.
- **Future Perfect Healthcare:** Population wide pre-cancer registry that will identify at-risk patients using genomic testing.

The evidence collected as part of the CIC work on capsule sponge technology also fed into a subsequent evidence appraisal that HTW carried out. The guidance recommended the routine adoption of capsule sponge technology within the diagnostic pathway for Barrett's oesophagus in people with chronic reflux.

PAVING THE WAY FOR AI IN HEALTHCARE

As part of its ongoing work to pioneer methods for assessing AI assisted health technologies, HTW became a founding member of the AI Community of Interest Group in June 2025.

This UK-wide group aims to share best practices and learnings about evaluating AI in healthcare and to foster collaboration across stakeholders working in this area.

Members of the group come from academia, industry, healthcare and government and include experts on AI safety and human factors research.

Like HTW, many group members have previously supported AI technology development as part of the AI Award.

The group met in London for an inaugural meeting in June and took part in a roundtable discussion on the unique challenges and differences in evaluating AI in healthcare. The members concluded by deciding on the group's priorities. These include:

- Developing guidance on the key questions for early stage AI evaluations in healthcare.
- Collaborating with the developers of the AI and Digital Regulations Service to produce a series of case studies on good practice for AI technology development.
- Supporting the development of novel AI technologies by offering peer review and other feedback on the evidence that needs to be generated to show the value of AI technologies to the UK healthcare system.

Dr David Jarrom, Principal Researcher at HTW took part in the group's inaugural meeting and roundtable discussion. He said:

> Being part of the AI Community of Interest Group allows us to share our experiences of evaluating AI healthcare technologies with multidisciplinary experts in the field. It's a great opportunity for us to discuss the shared challenges and opportunities we all face, as we continue to test and learn about AI evaluation.

HTW's previous work on driving AI innovation in healthcare includes:

- Working with clinical partners to develop the AI checklist, to ensure rigor and transparency in the appraisal of AI technologies.
- Taking part in the Horizon Europe programme which included being interviewed about methods for assessing AI health technologies as part of the European Digital Health Technology Assessment (EDiHTA) project.
- Becoming a member of the Welsh Government AI Commission for Health and Social Care and offering its insights on the potential for AI in healthcare.

COLLABORATING ON EVIDENCE

Throughout 2025/26 HTW continued its work as a collaborating partner of the Health and Care Research Wales (HCRW) Evidence Centre, providing rapid evidence reviews on topics ranging from medical tourism to frailty.

HTW was appointed a collaborating partner centre in 2023. The centre aims to provide Welsh Government Ministers and other decision makers with vital research evidence to tackle health and social care challenges facing Wales.

In 2025/26 HTW undertook the following rapid reviews:

- **Nurse-led, community-based interventions for people with or at risk of frailty: A rapid review**

  We aimed to understand the impact of community-based interventions on helping people with, or at risk of, frailty continue living independently. We focused on programmes of healthcare that were led by nurses.

  Read the report here

- **Person-reported outcome measures for goal achievement or functional change in people undergoing rehabilitation with allied health professionals: A rapid evidence map and synthesis**

  The researchers wanted to find out which person-reported outcome measures (PROMs) are most useful for allied health professionals when supporting people in rehabilitation. The aim was to identify tools that are easy to use, reliable, and suitable for different conditions and services across Wales.

  Read the report here

- **Complications and costs to the NHS due to outward medical tourism for elective surgery: A rapid review**

  The rapid review aimed to identify studies that describe the impact on the UK NHS of patients needing follow-up care due to complications from elective surgeries performed abroad. It focused on understanding the types of complications, the costs involved, and any potential benefits to the NHS.

  Read the report here

Professor Adrian Edwards, Director of the Health and Care Research Wales Evidence Centre, said:

> The relationship between Health Technology Wales and Health & Care Research Wales Evidence Centre continues to develop and achieve impact. Significant projects this year have included analysis of patient-reported outcomes measures to evaluate the work of Allied Health Professionals in rehabilitation and evaluation of autonomous nurse practitioners working in primary care. Most notable though was the review of the impact of medical tourism on the NHS, attracting substantial press attention upon publication – TV, radio, newspapers and podcasts. These show the breadth of topics that matter to improving the NHS for the people of Wales and the real-world impact that follows from the individual studies. We look forward to continued close collaboration.

PAPER REVEALING COST TO NHS FROM MEDICAL TOURISM IS PUBLISHED

A rapid review of evidence conducted by HTW on the cost medical tourism to the NHS has been published in the journal BMJ Open.

HTW researchers worked in collaboration with the Health and Care Research Wales Evidence Centre to conduct a rapid review of available data on costs and implications to the NHS from medical tourism. The review included 37 studies made up of evidence available until December 2024.

According to the peer reviewed paper published in BMJ Open, the costs to the NHS from medical tourism ranged from £1,058 to £19,549 per patient and the highest costs were associated with longer hospital stays and surgical treatments.

The most common complications from weight loss surgeries included abdominal pain, vomiting, inability to swallow and malnutrition, with gastric leaks being prevalent. Meanwhile cosmetic surgeries often resulted in infections and reopening of surgical wounds. No deaths were reported but many patients required complex treatment involving long hospital stays and multiple surgical interventions.

However, the researchers also warned that it is impossible to fully understand the risks of opting for surgery overseas as data on the use, frequency, and consequences for the NHS are incomplete and haphazard. They explained that the certainty of the evidence obtained from most of the studies was low as many of the studies were retrospective. Data was obtained from medical notes, which can be incomplete or wrongly coded. In addition, few of the studies included information on demographic details or previous medical history and not all outcomes were reported as part of the studies.

They added that this suggests the cost and complications arising from medical tourism could actually be underestimated.

Dr Clare England, Health Services Researcher, who co-authored the report, said

> We do not know the full impact of medical tourism. However, it is clear from the evidence we found that it places a substantial burden on the NHS. This is due to the need to treat complications such as infections, wounds reopening, or inability to swallow, many of which can require complex treatment, revisional surgery and lengthy hospital stays.
>
> Members of the public who are considering going abroad for treatment should be made aware of the risks involved and our paper emphasises the need for awareness raising campaigns to highlight the potential pitfalls of medical tourism.

Dr Susan Myles, Director of Health Technology Wales, said:

> We work in partnership with partners across the health, care and technology sectors to support the delivery of health and care in Wales.
>
> As a Collaborating Partner of the Health and Care Research Wales Evidence Centre we play an important role in ensuring there is robust evidence available to support decision-making on health and social care policy.

Overall, the findings of the rapid review emphasise the substantial burden on the NHS caused by complications from outward medical tourism including financial costs and the strain on NHS resources.

The paper concludes that awareness-raising campaigns are needed to inform members of the public considering going abroad for surgery about the potential for complications.

Click here to read Complications and costs to the NHS due to outward medical tourism for elective surgery: A rapid review

HTW ON THE ROAD

Throughout 2025/2026 we attended health technology events in the UK and internationally, forming new connections, strengthening existing partnerships and spreading the word about our work. Highlights included:

May 2025

Velindre Oncology Academy Clinical and Scientific Working Together conference

We exhibited at the Clinical and Scientific Working Together Conference 2025 which brought together clinical and scientific colleagues to strengthen team working, clinical and scientific leadership and advanced practice. This provided a valuable opportunity to gather suggestions of health technologies for appraisal from Velindre University NHS Trust colleagues.

June 2025

MediWales Connects

This annual event brings together NHS colleagues, industry representatives and researchers from across Wales and beyond. The 2025 event included presentations on advanced therapies, the integration of health and social care in Wales and the future of health data under emerging digital technologies.

Japan Expo

Our Principal Researcher Matthew Prettyjohns joined a team of Welsh delegates at Japan Expo 2025 as part of the Welsh Government Wales and Japan 2025 campaign. The aim of the campaign was to build partnerships across the two nations and as part of the event, we shared insights on the role of health technology assessment in supporting the advancement of health technologies.

October 2025

MediWales Showcase

The MediWales showcase event provides an opportunity for MediWales members to showcase the medtech innovations they have developed and seek input from fellow innovators.

November 2025

Wales Tech Week

Wales Tech Week is the country's largest tech summit which aims to showcase the thriving Welsh technology sector.

We exhibited there to spread the word about our work and to meet manufacturers who could potentially suggest innovative health technologies for appraisal by HTW.

December 2025

GIANT Health Event

This two-day event featured talks from NHS leaders and innovators from across the spectrum of health technology innovation. Colleagues from across healthcare, manufacturing and academia attended the event and visited the HTW exhibition stand to find out more about our work.

March 2026

NICE Conference 2026

A team of HTW staff attended the 2026 NICE Conference in Manchester, which this year focussed on the rapid emergency of innovative health technologies and how to ensure the health and care system remains sustainable for all. Delegates found out how NICE is helping to determine which digital innovations the NHS should adopt and what is being done to support the rollout of game-changing new preventative interventions.

OUR TEAM

The work in this annual report has been delivered by the Health Technology Wales team. Our team comprises of 26 people including health services researchers, health economists, information specialists, communication specialists, project managers and administrators.

We come from a broad range of backgrounds and skillsets and collectively have extensive experience in both the public and private sectors. The team is supported by the invaluable contributions of our external committee members who continue to ensure our work meets the needs of the health and care sectors in Wales.

Dr Susan Myles
Director

Dr David Jarrom
Principal Researcher, Health Services Research

Matthew Prettyjohns
Principal Researcher, Health Economics

Lisa King
Senior Programme Manager

Nathan Bromham
Senior Health Services Researcher

Dr Sian Cousins
Senior Health Services Researcher

June Price
Business Operations Manager

Katie McDermott
Project Manager

Rebecca Boyce
Senior Health Economist

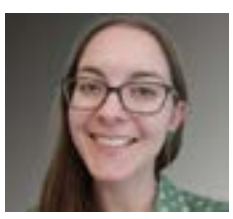
Hayley Bennett
Senior Health Economist

Ryan Miller
Senior Health Economist

Jessica Williams
Health Services Researcher

Dr Claire Davis
Health Services Researcher

Dr Clare England
Health Services Researcher



Leona Batten
Health Services Researcher

Charlotte Bowles
Health Services Researcher

Eleni Glarou
Health Services Researcher

Dr Greg Hammond
Health Services Researcher

Alice Evans
Patient and Public Involvement Manager

Rebecca Shepherd
Project Support Manager

Diana Milne
Communications Manager

Elise Hasler
Information Specialist

Jenni Washington
Information Specialist

Mafalda Gordo
Business Support and Communications Assistant

Llinos Jones
Welsh Language Translator

Francesca Howells,
Senior Executive Assistant

BUDGET DELIVERY

HTW has successfully delivered against its Strategic Plan for 2021–2025 which sets out its immediate and medium-term strategic goals and objectives. The Welsh Government funded its core work in 2025/26.

HTW also secured additional income to fund its work as a collaborating partner of the Health and Care Research Wales Evidence Centre.

Reporting modest underspend to date, due to the cancellation of an international conference, procurement delays and a staff secondment.

On target to deliver within budget during 2026/27.

Supporting 20.53 full time equivalent posts and a headcount of 26.

Allocation of our budget to 85 % staff costs and 15% non-staff costs.

A five-year award secured in FY2023/24 to act as a collaborator in the new Welsh evidence centre.

Do you know about a technology or model of care and support in health or social care that HTW could appraise? Anyone can suggest a topic for appraisal. To take part visit our website.

Technoleg Iechyd Cymru
Health Technology Wales

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