INTRODUCTION:

Technology assessment in hospital traditionally involves parameters of safety, effectiveness and costs. The prosperity of medical innovations in an era of scarce resources requires more precisely refined methodologies to measure 'added value'. Our aim was to reveal the added values of technologies by asking professionals to prioritize their adoption into hospitals.

METHODS:

Twelve innovative technologies that were discussed for adoption over three years were controversial regarding their actual "added value". Fifty-two managerial health professionals ranked these technologies on two scales: hierarchic importance (league scale) and comparative score rating (CSR), reflecting willingness-to-pay (WTP). The distribution of ranking indicates the internal agreement (IA) among the participants.

RESULTS:

There was only partial correlation between the two scales. For example, glucose-monitoring was ranked 'highly important' on the hierarchic (league) scale with high CSR/WTP, but with low IA. This can be interpreted as "a valuable technology but with disagreement on comprehensive adoption in the entire hospital". The surgical robot was ranked 'highly important' on the hierarchic scale with low CSR/WTP, but with high IA, meaning "a valuable technology but with consensus to delay adoption in the hospital". Overall, the participants raised thirty-two "values" that can be assorted into five clusters of significance: clinical effect (6 values), social/public dimension (8 values), patient-physician interaction (9 values), technological aspect (5 values) and policy-regulatory perception (4 values).

CONCLUSIONS:

We identified different ';patterns' for defining the 'value' of various technologies. Revealing these aspects can create a "set of values" of relative weights that may explain the added value considerations in prioritization of decision making. Interestingly, there were technologies that were ranked low, but achieved a high rating. This can be explained by individual personal-oriented added value perspectives. Using this innovative tool to incorporate social value-based scores can assist in understanding the determinants, beyond the current traditional rationing mechanism, that guide professionals while prioritizing medical technologies.

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OP24 Sensitizing Researchers And Developers For Patient Needs And Value

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INTRODUCTION:

Valuable health technologies must improve health and well-being of patients. For sensitizing healthcare industry stakeholders for the unique perspective and values of patients we developed a workshop format including both knowledge transfer and experiential modules.

METHODS:

The one-day pilot workshop was attended by two patient representatives and multidisciplinary participants from the healthcare industry (n=12) who wanted to learn about patient involvement in health technology assessment (HTA) and healthcare decision making and the implications for product development. Three content sessions covered key aspects of HTA and patient engagement and each was followed by an session which aimed at discovering the values of participants as healthy individuals or when the diagnosis of a disease and the subsequent therapy decisions (including potential clinical trial participation) impact quality and length of life. The workshop concluded with the participants prioritizing their expectations for innovation and HTA as patients or as citizens.

RESULTS:

Overall, participants rated the workshop as excellent or good for knowledge and experiential sessions. Integration of both learning modalities was described as innovative, useful, and enjoyable. Participation in the clinical trial session triggered cognitive responses among the industry participants due to a strong focus on advancement of science for innovation. Otherwise, the responses of the industry participants matched those of the patient representatives well. Overall, patient perspectives were considered useful to enrich the value perceptions beyond those of industry. Emotions describing the personal experiences included despair, shock, anger, guilt, hope, and the will to live. As citizens, they emphasized expectations such as finding solutions, remaining independent, enjoying life and "giving back".

CONCLUSIONS:

Innovative learning structures integrating rational and emotional aspects can allow researchers, marketers, or other stakeholders from the life-science industry to better understand patient perspectives. The format may be well suited for team building and alignment of team values around patient-needs.

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OP27 Patient Engagement At Scottish Medicines Consortium Committee Meetings

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INTRODUCTION:

Since 2014 patient group representatives have been able to observe Scottish Medicines Consortium (SMC) committee meetings as members of the public. However, they have had no opportunity to participate in discussions on their submission on the patient experience of living with the condition under review. In 2017, to strengthen patient engagement, we revised our processes to enable representatives from all submitting patient groups to play a bigger part in the monthly meeting.

METHODS:

The SMC Public Involvement Network (PIN) Advisory Group consulted on potential issues around patient group participation in committee meetings. Recommendations approved for implementation included (i) provision of comprehensive information and support to participating patient group representatives, and (ii) holding an educational session for SMC members on 'What matters to the patient'. The process change was introduced in June 2017. Patient group representatives are invited to complete an online survey on their experience of taking part in the meeting and working with the public involvement team. Implementation is being monitored and will be evaluated in a commitment to continuous improvement.

RESULTS:

Since June 2017, 14 patient group representatives have attended SMC meetings for the discussion of their submission. This has enabled them to answer questions from committee members and clarify points relating to their submission, if required. Early feedback has been positive with participants believing that patient engagement has been strengthened and that the patient voice was heard and valued. Patient groups expressed a willingness to participate again. The evaluation of their experience to date will be presented.

CONCLUSIONS:

SMC now involves patient group participation at committee meetings, demonstrating commitment to listening and responding to stakeholders on patient engagement. Early feedback has been positive and suggests that discussions relating to quality of life impact on patients and carers better reflect the lived experience. This ensures we are meeting our commitment to openness and transparency and strengthens patient engagement in our process.

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OP28 Partnership Working To Inform Patient Engagement In Health Technology Assessment

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INTRODUCTION:

The Scottish Medicines Consortium (SMC) works in partnership with patient groups and carers to capture their experiences to help inform decisions on new medicines. To better inform their participation in the SMC assessment process, patient groups highlighted a need for information from submitting pharmaceutical companies about the new medicine under review.

METHODS:

We established a multi-stakeholder short life working group (SLWG) to explore how to meet these needs. The group comprised members of the SMC Public Involvement Network (PIN) Advisory Group, representatives of two pharmaceutical companies and the Association of British Pharmaceutical Industries, and the SMC public involvement team. The main outputs were the development of a new Summary Information for Submitting Patient Groups (SIP) form and supporting guidance document. The SIP form completed by the