

technologies. Seven technologies were selected for a rapid COVID-19 MedTech innovation briefing (MIB), with one specifically addressing issues around waiting lists because of knock-on effects of COVID-19 restricting normal clinical work. A further six technologies were not selected because of limited evidence, while one was not selected because it was not perceived as innovative. The other five technologies were progressed as normal MIBs as there was not enough evidence of potential benefits related to COVID-19 to expedite to a rapid COVID-19 MIB. In total, two technologies were selected for medical technology guidance (myCOPD and Anaconda) and are currently in development.

Conclusions. MTEP has responded to the COVID-19 pandemic by prioritising and producing rapid COVID-19 MIBs on technologies to improve health and social care.

OP78 Taking A Societal Perspective In Health Technology Assessment: Is Environmental Impact A Special Case?

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Introduction. A source of debate among the health technology assessment (HTA) community is what perspective should be taken in health economic evaluations. Many stakeholders advocate that a societal perspective is taken in order to include a comprehensive range of costs and outcomes and (in theory) make societally optimal decisions. The Second Panel on Cost-Effectiveness in Health and Medicine recommended that a societal perspective be presented alongside a health sector one. The Second Panel included environment as one item on its impact inventory—alongside productivity, education, and others—intended to support the use of a societal perspective. However, many HTA agencies, including the National Institute for Health and Care Excellence (NICE), have continued to use health sector-specific evaluations to inform decision-making. The presentation seeks to examine whether consideration of the environmental impact of healthcare requires/implies the formal adoption of a societal perspective in health economic analyses.

Methods. The presentation will provide an overview of the societal perspective, explaining how it differs from a health sector perspective and describing its main strengths and weaknesses. We then present policy analysis undertaken by NICE's Science Policy and Research team to identify reasons for measuring environmental impact in HTAs and examine whether these align with the broader arguments for or against adopting a societal perspective in economic analyses.

Results. Three reasons for considering environmental impact are identified: (i) to support parallel policies which demand healthcare system transformation against emissions targets; (ii) to ensure planetary and human health, in the future as well as the present; and (iii) to offset future healthcare resource use. We show that only the third reason aligns with arguments related to the choice of perspective for economic analyses. Moreover, this reason is arguably better aligned to maintaining a (potentially modified) health sector perspective. The implications of the results will be discussed with

reference to updating reimbursement decision-making frameworks, such as those used by NICE, to account for the environmental consequences of healthcare.

OP79 Incorporating Environmental Impacts Into Health Technology Assessment: An Examination Of Potential Approaches And Challenges

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Introduction. In light of government and healthcare system commitments to reducing the carbon footprint of healthcare, health technology assessment (HTA) agencies are increasingly motivated to investigate how to consider environmental sustainability in their assessments and guidance. This constitutes a major departure from the existing remit and objectives of most agencies, which typically focus on improving population health outcomes. This presentation seeks to identify options for incorporating environmental impact data into HTA and to examine the main challenges, focusing on the National Institute for Health and Care Excellence (NICE) as a case study.

Methods. We present four broad approaches that could be pursued, informed by policy analysis undertaken by NICE. The strengths, weaknesses and implications of each approach are assessed.

Results. The first option is to act as an 'information conduit', aggregating and distributing in a standardized format environmental impact information that is provided voluntarily by health technology manufacturers. The second is to present complementary analyses of environmental impact data, separately but alongside results from established health economic analyses ('parallel evaluation' model). The third is to incorporate environmental impact data into health economic analyses, for example by monetizing environmental outcomes, so that quantitative estimates of treatment value are directly affected by environmental benefits and costs ('integrated evaluation' model). The fourth is to create new decision-making frameworks for evaluating healthcare interventions that are not expected to improve health-related outcomes, but claim to have relative environmental benefits.

Conclusions. We conclude that these approaches are not mutually exclusive, and all involve some degree of benefit and risk. We explain why the parallel evaluation model may be the most appropriate approach for NICE as a first response to the increased demand for guidance on the environmental impact of health technologies. We also outline activities being undertaken by NICE and other agencies such as the Canadian Agency for Drugs and Technologies in Health to develop new methodologies for incorporating environmental impact data into their HTAs.