NICE teams. Additionally, NICE aims to: send committee papers out earlier; have the option of holding a technical engagement call before committee meetings; and develop a feedback mechanism to ascertain the impact of patient input.

PP146 The Use Of Indirect Comparisons For Reimbursement Decision Making In The Netherlands And England

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Introduction. Reimbursement decision making is based on a relative effectiveness assessment (REA), which may be combined with a cost-effectiveness assessment, by national Health Technology Assessment (HTA) agencies. These assessments are based on clinical data where new interventions are compared to the current standard of care, which may differ between countries. Since most pivotal trials only include a limited number of interventions, indirect treatment comparisons (ITCs) can be used to compare multiple interventions. The aim of this study was to evaluate the use of ITCs in HTA decision making in the Netherlands and England.
Methods. All pharmaceutical assessments published between 2015 and 2019 by the National Health Care Institute (ZIN) and the National Institute for Health and Care Excellence (NICE) were reviewed to determine whether an ITC had been used. For detailed analysis we included all assessments of ZIN using an ITC, and a random sample of assessments of NICE using an ITC (10 assessments per publication year).
Results. Between 2015 and 2019 a total of 106 and 265 assessments were conducted by ZIN and NICE, respectively. Of these assessments 48 from ZIN and 150 from NICE included an ITC. The detailed analysis showed that pharmaceutical assessments including indirect comparative evidence led to the REA conclusion of similar therapeutic evidence in 57 percent of 48 assessments by ZIN and in 52 percent of 50 assessments by NICE. Reimbursement recommendations including indirect comparative evidence most often resulted in positive recommendations by ZIN (57% assessments), and in restricted recommendations by NICE (50% assessments). Different methods were employed to incorporate indirect comparative evidence, such as naïve ITCs and network meta-analysis.
Conclusions. Our results showed a significant variability in the use of ITCs between NICE and ZIN, which may contribute to differences in their recommendations. Further analysis will provide deeper insight in these differences and may provide suggestions for a clearer international guidance on the use of ITCs for HTA.

PP147 Conditional Reimbursement Of Medicinal Products, A Procedure For Orphan Drugs, Conditionals and Exceptionals

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Introduction. In 2018 the Dutch Ministry of Health (MoH) introduced a new policy regarding the conditional reimbursement (CR) of drugs in the basic health insurance package. This new policy offers patients with a serious, often rare disease for which no effective treatment is yet available, the possibility of obtaining controlled access to new promising drugs. In the meantime, additional data on (cost-) effectiveness is being collected. The aim was to assess whether this new policy allowed improved inclusion of drugs in the basic health insurance package.
Methods. Marketing authorization holders (MAH) were able to apply for the CR. The drug had to be registered by the European Medicines Agency (EMA) as an orphan drug, conditional or exceptional and address an unmet medical need. The MAH had to submit a dossier which includes a study protocol together with the professionals' associations, patients' associations and a research institute. It was possible to engage an ongoing (international) study in the CR application. Based on the proposed study, the National Health Care Institute (ZIN) assessed whether it is possible to determine if the drug should be reimbursed at the end of the CR period. A reduced price was a condition for CR.
Results. Four drugs are currently reimbursed as part of the CR, being: parathyroid hormone, ataluren, larotrectinib and entrectinib. The proposed studies are ongoing and will generate data to support the final reimbursement decision. Progress will be monitored by the researchers and discussed with ZIN.
Conclusions. Four drugs were successfully conditionally reimbursed, concluding the new CR procedure is feasible. Additional data is being collected to aid in the decision on the definitive reimbursement of these drugs. The upcoming period, the focus will be on the quality of the collected data and whether the inclusion of patients is proceeding as planned. The MoH will be informed by ZIN on the study progress annually. The final reimbursement decision is taken at the end of the CR period.

PP148 The Impact Of Health Technology Wales Guidance For Autologous Hematopoietic Stem Cell Transplantation: Two Years Post-Publication

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Introduction. Evaluating the impact of health technology assessment (HTA) is vital to measure its contribution to health and social care decision-making and improving citizen outcomes. Health Technology Wales (HTW) is a HTA body committed to evaluating the impact of our work. Here we present HTW's impact evaluation approach with a case study for autologous hematopoietic stem cell transplantation (AHSCT) for highly active relapsing remitting multiple sclerosis (RRMS).
Methods. Using an outcomes-focused approach based on contribution analysis, HTW has worked with an external evaluation organization to develop a framework to measure the impact of our work. Data on impact was collected from both qualitative and quantitative sources, including social media metrics, surveys, and informal feedback from stakeholders. We engaged with various stakeholders, including clinicians, academics, patient organizations and other HTA bodies.
Results. The technology appraisal and guidance were published in July 2020, recommending AHSCT for routine adoption to treat highly active RRMS. Patient groups welcomed the appraisal findings as an important step forward in recognising the needs of people with RRMS and felt that "people living with MS were listened to throughout the process". Following publication online, the guidance has had approximately 500 views, and featured on the MS Trust website and in several news articles. The Welsh Health Specialist Services Committee, a commissioning body in Wales, recommended AHSCT for RRMS as a 'high priority' for funding in the WHSSC Integrated Commissioning Plan 2021-22.
Conclusions. Since its publication, we have been able to prospectively capture the impact of this guidance through various stakeholders groups and sources. Overall, responses have been positive and the guidance has supported decision makers in Wales. Ongoing evidence capture, including through HTW's adoption audit processes, will add further understanding to the potential impact of our work.

PP149 A Multidimensional And Multistakeholder Approach: Assessing Ethical, Legal, Organizational, Social or Patient-centered (ELSI+) for Telemedicine In Neurological Diseases

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Introduction. Telemedicine strategies have been broadly introducing in health services during the COVID-19 pandemic, including in care of neurological diseases.
Methods. A rapid realist review was conducted using EUnetHTAs Core Model 3.0 and GRADE evidence to decision frameworks were used as frameworks to describe the ethical, legal, organizational, social and patient aspects (ELSI+) related to the use of teleneurology (TN) A scoping multistakeholder meeting helped defined the scope and research questions of the assessment. Patient representatives, clinicians, scientific society representatives with relevant experience in TN were invited and participated. Industry representatives were also present. Systematic searches for ethical, legal, organizational, social and patients related aspects were conducted. Additional manual searches contributed to contextualize these dimensions in the Spanish context. A narrative synthesis was undertaken.
Results. Main results of the assessment of the ELSI+ aspects of TN were described. TN applications are diverse depending on the condition, objective of care and technology used. The implementation of TN lacks specific legal frameworks which implies legal uncertainty. TN may increase geographical accessibility to neurological care in remote areas and by reducing difficult commuting to specialized care centers. Nevertheless, accessibility is challenged by reduced access to technology, the digital divide, lack of health literacy or technologies not adapted to functional diversity. Therefore, equity is not guaranteed if it is offered as a non-voluntary basis or with no support. TN tends to be accepted by patients and carers if it has enough quality, saves travelling time and costs and does not dehumanize care as it is perceived as more flexible and convenient. Quality of TN needs an interdisciplinary team with skills to coordinate organizational aspects of the implementation which include among others, the planification of the support to patients and carers before, during and after the consultation. Health professionals may also need to learn adapted communicational and technological skills.
Conclusions. The implementation of TN poses many ethical, legal, organizational, social or patient-centered challenges.

PP150 The Role Of Expert Consensus In UK Guidance: Patient Selection For Hydrogel Spacer Use During Prostate Cancer Radiotherapy

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Introduction. In UK males, prostate cancer is the most common cancer, with over 47,500 diagnosed annually. Radiotherapy is a highly effective curative treatment but can be limited by dose to surrounding normal-tissues such as the rectum. Radiation to the rectum can be reduced by increasing the distance between prostate and rectum with a hydrogel spacer. Despite National Institute of Health and Care Excellence guidance, spacers are not widely funded in the UK. Limited funding has necessitated patient prioritization, without any existing consensus on method.

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