and value in profile and outputs of HTW, both in Wales and internationally.

PP150 Bevan Health Technology Exemplars: Early Dialogue To Systematize HTA

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Introduction. Wales has ambitious health, wealth, and innovation policies and a clear goal to use the economic muscle of the Welsh National Health Service (NHS) to support its strong life sciences sector. Health Technology Wales (HTW) has a clear remit to appraise technologies over the span of their lifecycle from innovation to obsolescence. HTW is collaborating with the Bevan Commission through their national Health Technology Exemplars (HTEs), which partners NHS and industry stakeholders to strengthen innovation within the Welsh health system.

Methods. Health technology assessment (HTA) methods were used to produce topic exploration reports for assessing the evidence underpinning applicant innovations. A "Dragons' Den" expert panel was convened to select the successful HTEs.

Results. Fourteen Bevan HTEs were awarded funds, which were matched by industry partners. Application of HTA methods resulted in more critical consideration of technology value propositions, including: developing pull models of innovation focused on delivering health technology solutions for current problems facing NHS Wales; supporting early dialogue between the NHS and industry partners around demonstrating evidence of improved patient outcomes; and focusing on transformative rather than incremental innovation. The most promising innovations will progress to rapid HTA, where the evidence generated will be used to develop guidance for NHS Wales.

Conclusions. HTA methods were productively deployed at the innovation phase of the technology lifecycle to support evidence-informed allocation of scarce innovation resources. In this way, HTW is working with key stakeholders to identify and offer early support to the most promising innovations, with the aim of expediting their adoption and realizing health benefits for patients as quickly as possible. The Bevan Commission has partnered with HTW to routinely build in HTA and evidence considerations in its future innovation calls and competitions. Thus, HTW has established a "feeder" pipeline for assessing bottom-up service-led innovations and encouraging evidence consideration throughout the lifecycle of innovative technologies.

PP151 Establishing Health Technology Assessment Impact Evaluation With Stakeholder Input From Day One

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Introduction. Health Technology Wales (HTW) is a relatively new Health Technology Assessment (HTA) agency which focuses on non-medicines. In common with other HTA organizations, it identifies and appraises a range of technologies. However, HTW is also looking beyond the publication of guidance, to assess the adoption of advice and its eventual impact.

Methods. HTW commissioned development of an Evaluation Plan from independent experts (Matter of Focus). A literature review was carried out to inform an options appraisal of methods for assessing impact. The selected approach was Contribution Analysis, which estimates the counterfactual through engagement of stakeholders.

Results. Whilst it is too early to report the full impact of HTW's guidance, a number of activities have taken place to prepare for evaluation. The core HTW team developed a series of logic models to describe the anticipated impact, the mechanisms by which it would be achieved, and key assumptions. Stakeholders were consulted for insight from a range of perspectives, and to manage expectations. This was achieved through individual interviews, presentation and discussion at committee meetings, and the sharing of written materials for feedback. This information was collated to populate bespoke software (OutNav). The collection of data relating to processes, outputs and outcomes is already an ongoing routine task of researchers and support staff.

Conclusions. HTW has an opportunity to build impact evaluation into its culture from the beginning. This will facilitate the future reporting of HTW's influence using a well-designed, evidence-based approach. Furthermore, this pioneering work will clearly demonstrate the value of HTA to funders, commissioners, governments, and other decision-making bodies.

PP155 Demand Side And Supply Side Of Healthcare Supply Chain

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Introduction. The re-organization of the supply chain (SC) of medicines and medical devices may improve the efficacy and efficiency of the National Health Service (NHS). The aims of this study were to (i) identify the offers provided by private operators to NHS, and (ii) analyze the organizational model of the public healthcare SC system and its criticalities.

Methods. Two online surveys have been designed. Regarding the first survey, managers of private providers associated with the National Association of Commercial and Logistic Operators (ASSORAM) have been interviewed to identify the offers provided to the NHS. The second has been submitted to managers of local health authorities and university hospitals associated to the Italian Association of Hospitals (FIASO) to gather both organizational/managerial information (warehouse capacity, purchasing, registry, security) and qualitative aspects of the SC. Data was collected in 2015.

Results. On the supply side, 41 providers have been interviewed. More than 70 percent of associates managed mainly hospital

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products; 67 percent of interviewees delivered less than 30 percent of products to hospitals, and only eight percent delivered about 70 percent of the products to hospitals. The providers' infrastructure (warehouses, transport, information technology, cold chain, gross domestic product) were adequately regulated and they adopted a wide list of indicators for monitoring performance. Private providers showed high interest in investing in the hospital sector. On the demand side (56 hospitals from 28 regions) the main weaknesses of SC are related to infrastructure, information technology, human resources, a lack of financial resources and inadequate process control.

Conclusions. The study highlighted extremely limited outsourcing in the hospital field to date, weaknesses in the public system and a high interest of private providers in investing in public hospital SC.

PP156 Reimbursement Of New Treatment Methods In Hospitals: Status In Germany

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Introduction. Since 2005, new treatment and diagnostic methods (NUBs) were reimbursed by individual supplementary fees. The assessment procedure for NUBs is induced by hospitals submitting a request for additional compensation of healthcare treatment to the Institute for the Fee System in the Hospital (InEK). In 2016, the legal norm §137h SGB V was introduced to evaluate medical devices (MD) of high risk classes by the Federal Joint Committee (G-BA). InEK grants a status that is valid for twelve months and impacts additional compensation as well as assessment required by G-BA. The effects of this rating seem to differ between hospitals and Statutory Health Insurance (SHI).

Methods. The published InEK decisions on NUBs were analyzed according the decision criteria and possible impact on price negotiations with SHI.

Results. In 2018, 705 NUB requests were assessed by InEK. NUB Status 1, granting negotiation of additional coverage, was assigned to 171 procedures. Status 2 – no additional reimbursement possible - was given in 472 cases, the remaining had not sufficient information. Most NUBs (n = 368) requests did not fall under §137h; however, those with sub-Status "B" (allocated to 12) led to controversies; no participant had requested an evaluation according to §137h for the NUB. Two consultation requests receiving Status 1 B were regarded as not eligible according to § 137h by the G-BA. To avoid price negotiation delays, early consultations according to § 137h are recommended by G-BA during the NUB application.

Conclusions. The NUB process enables hospitals to receive a supplemental payment when using innovative technologies not listed in the existing German healthcare system. The question of which requirements must be fulfilled to guarantee the reimbursement should be asked at an early stage. Consultation requests to the G-BA in due time are strongly recommended. Contact between manufacturers and hospitals are advisable to support the NUB application.

PP159 Is Community Paramedicine A Safe/Effective Alternative To Usual Care?

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Introduction. Due to an aging population, shortage of healthcare staff, and escalating healthcare costs, there has been a recent shift in the professional roles and responsibilities in acute care settings to help bridge the care gap. Paramedics, whose primary responsibilities have been in emergency/transportation services, are increasingly involved in the management of chronic diseases in the community setting. However, even with additional training, there are concerns about the safety and effectiveness of this expanded role. The objective of this presentation is to highlight some of the key findings from a health technology assessment report on the safety and effectiveness of community paramedicine in assessing and managing conditions/diseases with low acuity.

Methods. A systematic review was conducted to identify studies that evaluated the safety and effectiveness of different community paramedicine programs.

Results. Four systematic reviews and 20 primary studies (one randomized controlled trial (RCT) and 19 observational studies) were identified. Of these, two systematic reviews and 14 primary studies focused on the safety and effectiveness of Emergency Care Practitioner (ECP) programs – widely implemented programs whereby a paramedic or nurse undertakes activities traditionally performed by physicians, such as the initial assessment of patients, provision of simple treatment, or referral of patients to other clinical care. Limited evidence showed that ECP programs are promising in reducing repeated emergency calls, emergency department visits, hospital admissions/readmissions, and emergency transport charges. While the majority of included studies did not report any safety outcomes, no significant safety issues were identified from the cluster RCT. Evidence for other types of community paramedicine is limited.

Conclusions. Evaluation of the impact of community paramedicine programs remains methodologically challenging. Additional cluster RCTs may help determine the effectiveness of community paramedicine programs; safety outcomes should be a key element of future observational studies.

PP164 Improving Medical Diagnosis Through Advanced Data Analytics Tools

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Introduction. Current clinical practice is based on guidelines and local protocols that are informed by clinical evidence. This means that clinical variability is reduced, but can lead to inefficient clinical decision-making, and can increase medical errors, decreasing patient's safety. The aim of the EXCON project is to investigate

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