submitting pharmaceutical company is then shared by SMC's Public Involvement Team, to assist submitting patient groups.

**RESULTS:**

The SIP form was implemented in June 2016, and following positive evaluation, became essential for inclusion with the pharmaceutical company's new medicine submission in June 2017. Feedback has been positive, with patient groups reporting that the form includes valuable information that they may not otherwise have been able to access including the positioning of the medicine in the treatment pathway, information on dosage, administration and side-effects. The form is also completed in plain English without overly technical or marketing information. Company representatives who have completed the form state that it provides clear information on the licensed indication, enables accessible scientific evidence for patients and families/carers, and allows them to give accurate and balanced information about the medicine.

**CONCLUSIONS:**

Partnership working with key stakeholders has enabled SMC to provide improved information to submitting patient groups. A better understanding of a new medicine may in turn allow patient groups to participate more effectively in the HTA.

## OP29 The Impact Of Individual Patient Input; Strengthening The Evidence

**AUTHORS:**

Heidi Livingstone (lizzie.thomas@nice.org.uk), Chloe Kastoryano, Lizzie Thomas, Vassilia Verdiel, Kevin Harris, Gillian Leng

**INTRODUCTION:**

The National Institute of Health and Care Excellence (NICE) assesses the efficacy and safety of interventional procedures for use in the National Health Service (NHS). Since 2006, NICE's Public Involvement Programme (PIP) has obtained 'patient commentary' to inform committee decisions, using a questionnaire asking patients about their experience of the procedure including benefits, disadvantages and side effects. Commentary is considered by the committee alongside other evidence. The PIP has piloted a project to: capture the impact of the patient commentary on the committee's decision-making; explore patterns of impact; and identify criteria that indicate when patient commentary may not be required.

**METHODS:**

The pilot included all interventional procedures guidance started between February 2016 and February 2017. Committee members' views were captured using a form completed whenever patient commentary was considered. Responses were anonymized, entered into an electronic system, analyzed, and correlated against 'committee comments' in the published guidance. After twelve months, there was an unrepresentatively narrow spread of conditions, and most topics were updating previously published guidance rather than novel topics. The pilot was therefore extended by six months.

**RESULTS:**

Patient commentary commonly had an impact on decision-making; however, no discernible patterns have yet been identified, nor criteria for when it may not be required. Key findings were: (i) patient commentary is equally useful for guidance updates as novel guidance, and (ii) interpretation and assessment of 'impact' varied across committee members but the majority agreed it reinforced the other evidence.

**CONCLUSIONS:**

Patient commentary has a measurable impact on committee decision-making. Very occasionally it provides new evidence and routinely provides reassurance that the published evidence is substantiated by real-world patient opinion. Measuring the impact of commentary seems to have raised its profile, with more committee comments about patient issues included in guidance during the pilot than in preceding years. The project needs to be extended to identify which procedures are least likely to benefit from patient commentary and why.

## OP30 From Framework To Action: Implementing Patient Engagement

**AUTHORS:**

Amy Lang (amy.lang@hqontario.ca), David Wells



https://doi.org/10.1017/S0266462318000909 Published online by Cambridge University Press

**INTRODUCTION:**

This session will share lessons learned from implementing a comprehensive patient and public engagement framework (developed by winners of the 2017 Egon Jonsson Award) in one government agency's health technology assessment (HTA) process. The presentation will share strategic and operational considerations for successful implementation, and the early effects of patient involvement activities on the agency's HTA recommendations.

**METHODS:**

This presentation used a case study approach to understand the application of the framework described above.

**RESULTS:**

The comprehensive framework by Abelson and colleagues describes many different public and patient engagement activities that could be conducted at each stage of an HTA process. Health Quality Ontario has chosen to focus on engaging patients to: prioritize topics; develop an additional evidence stream on patient preferences and values; serve on a committee that reviews the HTA, deliberates, and makes recommendations; and provide feedback on draft recommendations. Strategic considerations for these decisions include: aligning engagement activities to an evidence-focused organizational culture, and investing in engagement activities earlier in the HTA process to allow for sufficient consideration of the patient voice in developing recommendations. These activities have impacted the agency's organizational culture, and evidence suggests they have also influenced recommendations for what should be publicly funded. Patient engagement activities have also led to increased feedback from the public and patients for some HTAs and the associated draft recommendations.

**CONCLUSIONS:**

Public agencies must make strategic decisions about how and when to invest scarce resources in patient and public engagement. Investing in direct patient engagement as an additional stream of evidence and supporting the involvement of health system users in decision-making has had a significant impact on HTA deliberations and recommendations. For some HTAs, these activities have facilitated greater public engagement as well.

## OP33 Adopting Health Technologies: NICE Approach For Evidence Into Action

**AUTHORS:**

Elaine Chesworth, Katie Wyart, Paul Chrisp (Paul.Chrisp@nice.org.uk)

**INTRODUCTION:**

Evidence and guidance alone do not change practice. A multitude of factors are influential upon whether a particular health technology is adopted in practice. The adoption team at the National Institute for Health and Care Excellence (NICE) engages with healthcare professionals to develop specifically tailored support for the adoption of NICE health technology assessments (NICE medical technologies, diagnostics and technology appraisal guidance).

**METHODS:**

The NICE adoption team uses a structured process which involves engagement of healthcare professionals with experience or knowledge of the technology to identify the barriers to adoption. This information is used to populate the topic selection tool which presents the impact of adopting the technology under five headings: care pathway change; finance; difficulty to implement; education; and, patient acceptance. The result indicates which guidance would benefit from adoption support: plan and develop tailored solutions to address barriers to adoption which include a resource impact assessment and targeted communications; quality assure; and, publish tailored resources.

**RESULTS:**

Examples of tailored outputs include: adoption resources sharing real world experiences of sites that have adopted the technology; and, NICE pilot projects, where the adoption team work closely with sites to support adoption of the technology at a local level. The team then share learning and results from the project to facilitate: engagement with national planning groups to coordinate wider scale adoption; resource impact assessments which help local cost impact of adoption to be estimated; engagement with general and specialist media; and, influencing national tariff.

**CONCLUSIONS:**

NICE's processes have evolved to facilitate the development of a wider variety of more tailored



https://doi.org/10.1017/S0266462318000909 Published online by Cambridge University Press