OP13 EUnetHTA Relative Effectiveness Assessments Of Pharmaceutical And Other Technologies: Procedural Changes Implemented During Joint Action 3

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Introduction. The European Network for Health Technology Assessment (EUnetHTA) Joint Action 3 (JA3) aimed to develop a sustainable European model for scientific and technical collaboration on HTA. It succeeded EUnetHTA JA2, which focused on strengthening practical applications of approaches and tools in the European HTA collaboration. Compared to JA2, several changes in procedures and processes were undertaken throughout JA3 in order to improve the different steps in joint HTA production.
Methods. Findings and identified challenges regarding the assessment production processes from JA2 were considered as a basis. In JA3, vast majority of structured and informal feedback was gathered from the assessment teams and project managers via feedback surveys and meetings. Only limited informal feedback from stakeholders (such as patients, health care professionals, and health technology developers) that were involved in EUnetHTA assessments was collected. To this end, experiences were documented and recommendations for a future production process were developed.
Results. During the course of JA3, the joint production resulted in 16 pharmaceutical assessments and 27 assessments of other technologies. The latter included medical devices, diagnostics, interventions, and screening. Due to the different context of pharmaceuticals and other technologies, some technology-specific changes needed to be made in their production process. However, the majority of implemented changes were made for both types of technologies to ensure maximum possible alignment in processes. The implemented changes affected several steps in the production process as well as the involvement of stakeholders in EUnetHTA assessments. The production and related project management of assessments was fine-tuned and resulted in clearer, standardized, and comprehensible processes that facilitated transparency and inclusiveness.
Conclusions. The procedural changes led to further standardization and elaboration of assessment production processes in preparation for a future European HTA system under the EU HTA Regulation. However, some methodological challenges remained to be tackled further in the currently ongoing EUnetHTA 21 service contract.

OP14 Involving People With A Lived Experience When Developing A Proposed Health Technology Assessment Of Pelvic Organ Prolapse Treatments

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Introduction. Patient and public involvement (PPI) is an expectation when conducting a health technology assessment (HTA), but there is little guidance for those wishing to embed PPI when developing an HTA proposal. We wanted to ensure PPI was central in preparing a proposal for an HTA potentially of any intervention for pelvic organ prolapse (POP) in women.
Methods. We conducted an open process to recruit two PPI co-applicants who, after induction to the project, were jointly responsible for governance of PPI in partnership with the PPI Lead throughout project planning. We facilitated an online workshop with the PPI co-applicants and other women with a lived experience of POP to: develop our question and scope; decide interventions and outcomes for the evidence synthesis; discuss the care pathway for the economic evaluation component; and plan dissemination. The PPI co-applicants were encouraged to comment on the full proposal, while workshop attendees were invited to comment on the plain language summary. Our work adhered to United Kingdom (UK) Standards for Public Involvement. We obtained funding to facilitate PPI within the proposal and reimburse those with lived experience for their time.
Results. Involving the co-applicants and workshop participants strengthened the HTA proposal by: solidifying the rationale based on lived experience; adding interventions to our evidence synthesis not previously considered; and highlighting dissemination outlets that appealed to the public. Comments on the full proposal and plain language summary ensured the proposal was accessible. However, we were unable to discuss everything we originally planned even though researcher time spent on embedding PPI into the proposal was substantial.
Conclusions. Including PPI can be valuable for developing HTA proposals. However, research is required to explore the appropriate level of involvement at the HTA proposal stage, particularly given the large amount of researcher time and additional resource needed to incorporate meaningful PPI.

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