

One study reported no change in hospitalization rates following a program to reduce IVIg use, and an observational study comparing IVIg with SCIG found more hospitalizations with SCIG but lower total costs per patient. The CUA comparing IVIg with no IVIg suggested that IVIg treatment was not cost effective, but this study was published in 1991 and had significant limitations. The other CUA found that home-based SCIG was more cost effective than IVIg, but model inputs were derived from unpublished data in a very small patient cohort with HGG and different malignancies.

Conclusions: Our review highlights key gaps in the literature. The cost effectiveness of Ig replacement in patients with hematological malignancies is still very uncertain. Despite the increasing use of Ig replacement there are limited data regarding its direct and indirect costs, and its optimal use and implications for healthcare resources remain unclear. Given the paucity of data on the cost and cost effectiveness of Ig treatment in this population, further health economic research is warranted.

OP96 Adapting Patient Involvement For Fast Track Appraisals

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Introduction: The National Institute for Health and Care Excellence (NICE) is piloting a new innovative approach to the way digital products, devices, and diagnostics that most reflect system need and demand are assessed. This early value assessment (EVA) approach will allow a more rapid assessment to enable patients to benefit from promising technologies sooner. Involving patients in the health technology assessment (HTA) lifecycle is a core principle at NICE, but established methods are not suitable for a rapid timeframe. NICE needs to adapt the approach to ensure that patients are supported to participate in EVAs and that their involvement is meaningful.

Methods: Due to the rapid timeframe, it was important to ensure patient contributors were not overloaded with information and that contact points were aligned. NICE reviewed the standard induction, support documents, and contact points to adapt the support provided. This included:

- updating recruitment documents to communicate the role of the committee and the EVA process;
- combining induction meetings between various NICE teams and providing recorded presentations;
- organizing earlier peer support with experienced lay members; and
- advising which of NICE's nine online modules were most relevant.

Results: Support for patient contributors has been an important part of the HTA process, so enabling people to prepare and confidently deliver content at a committee meeting is vital. There has been some variation in the processes for different topics, but the feedback received from patient contributors indicated that their involvement

was meaningful and valued. This was attributed to their close working relationship with the project team. NICE is collecting feedback from all patient contributors using an online survey. The findings of this survey and the evaluation of the support mechanisms will be presented.

Conclusions: Despite shorter timeframes, patient involvement has not been compromised. NICE will use the feedback from patient contributors to review and adapt the induction process and support offered. This will support patient contributors and enable NICE to allocate appropriate resources in the shortened timeframe.

OP98 Improving Patient Involvement In Health Technology Assessments: Is It Enough To Train Just The Patients?

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Introduction: Patient involvement is a core principle of the National Institute for Health and Care Excellence (NICE) and we continually strive to improve patient involvement in health technology assessments (HTAs) of medicines. We iteratively surveyed and reviewed how patient involvement can be improved with patient organizations, patient experts, NICE HTA decision-making committees, and staff. We re-examined feedback that we collect on an ongoing basis, as well as one-off evaluations, to check how we can improve patient involvement.

Improvements ranged from support for and how we work with patient stakeholders to training the various stakeholders who take part in the HTA process to build up a comprehensive and evolving training package and stimulate a cycle of continually improving patient involvement.

Methods: We reviewed the outcomes and recommendations from the following larger projects:

- Review of public involvement across NICE 2015;
- Improving meaningful patient involvement in HTAs 2019;
- Improving patient expert involvement in committee meetings 2019; and
- The value of patient expert input 2022.

Feedback from monthly surveys of patient experts and organizations was also reviewed.

Results: The results included recommendations about:

- Changing the culture so that patient involvement at NICE is everybody's business;
- The key role of the committee chair in including patient experts;
- The importance of committee culture and behavior in including and valuing patient input;